

Does your child suffer from any medical conditions? (If yes, please give details)

Does your child have any special needs? (If yes, please give details)

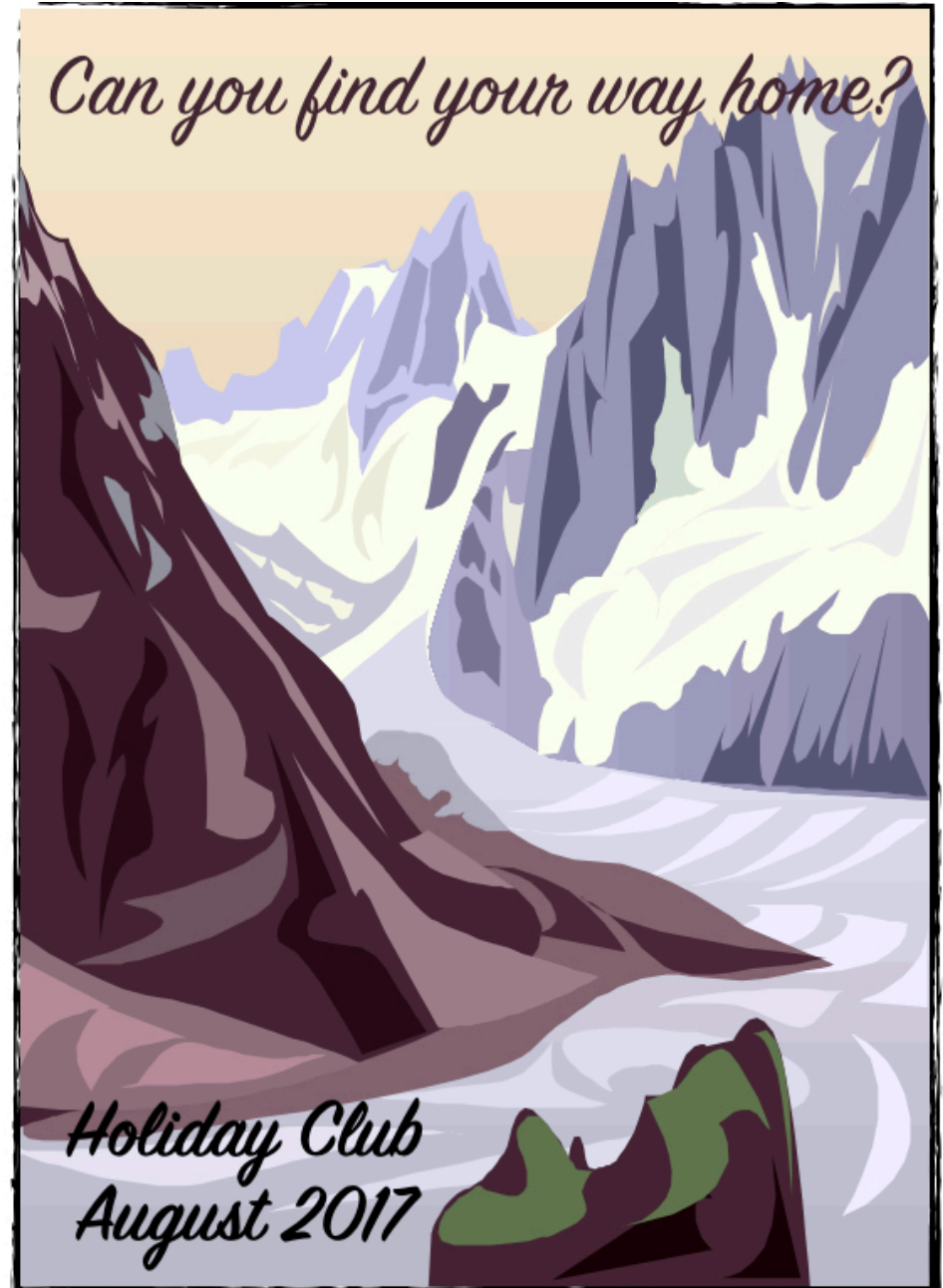
As part of our Holiday Club we may take photographs and video footage of the various activities and events. These would be used for 'in-house' displays, DVDs, website and literature. Please tick here if you **give consent** for your child to be photographed.

We also organise lots of special events for children, adults and families throughout the year. If you **would like to receive** more information about activities taking place at St John's Church, please tick here.

I agree to my child taking part in the Holiday Club at St John's Church, Hartford from August 29th - September 3rd 2016. In the unlikely event of illness or accident, I give permission for my child to receive any necessary medical treatment by the nominated first aider. In an emergency, and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

Signed: .....

Date:    /    / 2017



# “The River” Holiday Club

Tues Aug 29th - Fri Sep 1st 2017

School Years 1-7  
with Creche/Tots provision  
10AM-1PM daily  
10-11AM Sunday

For more info, details  
and registration:  
Call Nathan  
01606 872255

[nathan@stjohnshartford.org](mailto:nathan@stjohnshartford.org)

## Please register my child for St John’s ‘The River’ Holiday Club

Child’s Full Name:.....

Known as (for badge):.....

Date of Birth:.....

School Year in September 2017: .....

School attended.....

Name and Address of parent/carer:

Email.....

Home phone number: .....

Mobile:.....

Alternative contact name and number(s):

Name and number of child’s GP:

Does your child suffer from any allergies? (If yes, please give details)