

**Super Mission Holiday Club Registration Form**

**Mon 01 August – Fri 05 August 2-22 10am-1.30pm Holyrood Academy, Chard**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Days attending | Monday 1 August | Tuesday 2 August | Wednesday 3 August | Thursday 4 August | Friday 5 August |
| Please tick |  |  |  |  |  |

|  |  |
| --- | --- |
| Child 1 full name |  |
| Sex | male |  | Female |  | Please tick |
| Date of Birth |  | School year (as July 2022) |  |
| School |  |
| Doctor’s name |  | Doctor’s contact number |  |
| Any allergies, medical conditions or special needs we need to know about? |  |

|  |  |
| --- | --- |
| Child 2 full name |  |
| Sex | male |  | Female |  | Please tick |
| Date of Birth |  | School year (as July 2022) |  |
| School |  |
| Doctor’s name |  | Doctor’s contact number |  |
| Any allergies, medical conditions or special needs we need to know about? |  |

|  |  |
| --- | --- |
| Child 3 full name |  |
| Sex | male |  | female |  | Please tick |
| Date of Birth |  | School year (as July 2022) |  |
| School |  |
| Doctor’s name |  | Doctor’s contact number |  |
| Any allergies, medical conditions or special needs we need to know about? |  |

**PTO**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first-aider.In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary.I understand that every effort will be made to contact me as soon as possible. | Yes |  | No |  | Please tick |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I give my permission for my details to be kept so my children can be invited to future holiday clubs | Yes |  | No |  | Please tick |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I give my permission for my child’s photograph to be taken during the club (the photos will be used for church purposes only eg. Magazines & publicity) | Yes |  | No |  | Please tick |

|  |  |
| --- | --- |
| Parent’s/guardian’s signature |  |
| Parent’s/guardian’s full name |  |
| Address including postcode |  |
| Telephone number (mobile & landline – in case of emergency) |  |
| E-mail address (this will only be used to advertise future holiday clubs & won’t be passed on to a 3rd party)  |  |

**Please return this completed form to:**

**St Marys Centre, Holyrood Street, Chard, TA20 2DN**

**Or send via email to:**

**chardholidayclub@gmail.com**