



# CIRCUS SHENANIGANS

## REGISTRATION FORM

Please fill in this form to book a place for your child.  
Please use a separate form for each child.

St Mary's Church, Melton Mowbray  
Monday 6<sup>th</sup> ~ Friday 10<sup>th</sup> August 2018

Child's Full Name:

Boy / Girl

Address:

Postcode:

Date of Birth:

School:

I give permission for our details to be entered onto the Parish Holiday Club database

(Details will not be passed onto third parties)

Yes / No

I give permission for my child's photograph to be taken during the club. (The photographs will only be used for church purposes, including church magazine, church website & press releases – no names will appear to identify the name of your child)

Yes / No

Do you wish to be informed of future Melton Parish events? (email details will need to be kept on a Holiday Club database. You will be able to opt out of event emails at any time)

Yes / No

### **Please register my child for 'The Summer Holiday Club 2018 ~ Circus Shenanigans'**

Parent's / Guardian's Signature:

Parent's / Guardian's Full Name:

Parent's / Guardian's Address:

(if different from the child's above)

Email address:

Phone Number:

continued overleaf .....



**Please Note:** During the Holiday Club, the children are put into groups for the week. Are there any particular friends your child would like to be placed in a group with if possible ~ bearing in mind that they will be grouped in Key Stages? Please include any names here: *[We will try to accommodate this where possible]*

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## CONSENT FORM

### In case of an emergency

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Emergency Contact Name:

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Emergency Contact – Phone Number:

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GP's Name:

GP's Phone Number:

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GP's Address:

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Any Known Allergies or Medical Condition:

(Important health information we need to be aware of)

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Any Food Allergies or special dietary needs:

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**I confirm that the above details are complete and correct to the best of my knowledge.**

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first aider (qualified first aiders will be in attendance). 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.

**Parent's / Guardian's Signature:**

**Date:**