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| **CHILD’S FULL NAME**: **AGE**: **D.O.B**. |
| **PRIMARY SCHOOL YEAR GROUP LAST SESSION (e.g. P3):** |
| **ADDRESS:** |
|  |
|  |
| **POST CODE**: |
| **EMERGENCY CONTACT NAME:** |
| **CONTACT TELEPHONE:** |
| **EMAIL ADDRESS:** |
| **ALTERNATIVE CONTACT** **NAME**: **TELEPHONE NUMBER**: |
| **GP NAME TELEPHONE NUMBER:** |
| **KNOWN ALLERGIES OR CONDITIONS:** |
| **I GIVE PERMISSION FOR PHOTOGRAPHS TO BE TAKEN AND USED ON CHURCH MEDIA**: |
| **I can 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 my 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 appropriate hospital treatment. I understand that every effort will be made to contact me as soon as possible. |
| **SIGNATURE OF PRENT/GUARDIAN** |
| **DATE:** |

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APC Holiday Club 2025 Registration form

Please download and use a **separate form** for each child and complete as fully as possible, including **allergies, media permissions, other issues** etc.

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