

# APC HOLIDAY CLUB 2024 REGISTRATION FORM

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

<b>CHILD'S FULL NAME:</b>	<b>AGE:</b>
<b>PRIMARY SCHOOL YEAR GROUP LAST SESSION (e.g. P3):</b>	
<b>ADDRESS:</b>	
<b>POST CODE:</b>	
<b>EMERGENCY CONTACT NAME:</b>	
<b>CONTACT TELEPHONE:</b>	
<b>EMAIL ADDRESS:</b>	
<b>ALTERNATIVE CONTACT NAME :</b>	<b>TELEPHONE NUMBER:</b>
<b>GP NAME:</b>	<b>TELEPHONE NUMBER:</b>
<b>KNOWN ALLERGIES OR CONDITIONS:</b>	
<b>I GIVE PERMISSION FOR PHOTOGRAPHS TO BE TAKEN AND USED ON CHURCH MEDIA:</b>	
<b>I can confirm that the above details are complete and correct to the best of my knowledge.</b> 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.	
<b>SIGNATURE OF PRENT/GUARDIAN</b>	
<b>DATE:</b>	

Active disciples    Praising God    Caring for people