APC Holiday Club 2025 Registration

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

Return by email to: church@auchterarderparish.org

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| **CHILD’S FULL NAME**: Click or tap here to enter text.**AGE**: Click or tap here to enter text. **D.O.B**Click or tap here to enter text. |
| **PRIMARY SCHOOL YEAR GROUP LAST SESSION :** (click on the correct box)**P1** [ ]  **P2** [ ]  **P3** [ ]  **P4** [ ]  **P5** [ ]  **P6** [ ]  **P7** [ ]  **S1**[ ]  **S2** [ ]  |
| **ADDRESS:** Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
|  **POST CODE**: Click or tap here to enter text. |
| **EMERGENCY CONTACT NAME:** Click or tap here to enter text. |
| **CONTACT TELEPHONE:** Click or tap here to enter text. |
| **EMAIL ADDRESS:** Click or tap here to enter text. |
| **ALTERNATIVE CONTACT NAME & NUMBER:**Click or tap here to enter text. |
| **GP NAME:** Click or tap here to enter text. **TELEPONE NUMBER:** Click or tap here to enter text. |
| **KNOWN ALLERGIES OR CONDITIONS:** Click or tap here to enter text. |
| **I GIVE PERMISSION FOR PHOTOGRAPHS TO BE TAKEN AND USED ON CHURCH MEDIA**: YES [ ]  NO [ ]  (Please click on the appropriate box)  |
| **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** Click or tap here to enter text. |
| **DATE:** Click or tap here to enter text. |

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