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](mailto: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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