BOOKING AND CONSENT FORM

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| CASTLE STREET METHODIST CHURCH | Full name of parent/guardian |
| **“I WONDER” Easter session**Wednesday 11th April 2018Registration 10:15amSession starts 10:30amLasts approx. one hour | Daytime telephone number(s)Evening telephone number |
| Surname of group member | Mobile telephone numbers  |
| Forename(s) of group member | Email address  |
| Date of birth | Name of additional emergency contactDaytime telephone number(s) for additional emergency contactMobile number(s) |
| Address |
| Please give details of any medical requirements, dietary requirements, allergies of your child, and any other information that will help us care for your child t |
| I give permission for any photographs of my child to be used for church publicity and reporting. Children will be part of group photos only, and will not be identified.(Please delete if you do not wish to give permission) |
| I give permission for my son/daughter to take part in this Summer holiday club. |
| SignaturePrint nameDate |