BOOKING AND CONSENT FORM

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| CASTLE STREET METHODIST CHURCH | Full name of parent/guardian |
| **“I WONDER” Easter session**  Thursday 11th April 2019  Registration 10:15am  Session starts 10:30am  Lasts 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 contact  Daytime telephone number(s) for additional emergency contact  Mobile 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. | |
| Signature  Print name  Date | |