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| Image result for space academy holiday club**Feel free to invite your friends!**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*We will only contact you if your child/ren does not have a place. Otherwise we look forward to seeing your child/ren on Monday 13th. If, after booking, your child/ren can no longer attend, please tel. 710741HOLIDAY CLUB **REGISTRATION FORM** **Holiday Club** **Camborne Wesley Methodist Church,**  **Mon 13th to Fri 17th Aug 2018** 5-11 yr olds - 10am to 1pm.*For more details – please see flier***Please Note**Children are expected to bring a packed lunch, no other option will be availablePlease return the completed form to **Wesley Chapel, Chapel Street, Camborne. TR14 8EG** (just up from the Post Office) **ASAP – as numbers are limited** |
| Child/ren’s full name | Sex: **M / F****I’d rather not say** |
| Date of birth | Telephone Number | School |
| Address |
| Emergency Contact Name Phone Number |
| Second Emergency Contact Name Phone Number |
| GP’s Name Phone Number |
| Any known allergies or conditions |
| I 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 permission for any necessary medical treatment to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child/ren to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.Signature of parent/guardian: Date:I give permission for my child/ren’s and my details to be entered on the church database. **Yes / No**(so that any relevant information of future activities may be posted to you or e-mailed). My e-mail address isI give permission for my child/ren to be photographed. **Yes / No** |