



HOLIDAY EVENTS AT THE COTTERIDGE CHURCH: August 2017

FAMILY REGISTRATION FORM

Name and relationship to child

.....

Home address.....

.....

.....

Telephone number Mobile number.....

Email address

Do you have parental responsibility? YES / NO

(the person with parental responsibility will need to sign consent forms e.g. photo permission)

Names of children

Any health issues or allergies

Date of birth

We would like to come to Holiday Events on 2nd [] 9th [] 16th [] 23rd [] August 2017

(Please tick the dates you think you would like to come so that we can plan meals. You can change your mind later.)

A contact for any emergency: Name

Address

Telephone/mobile number relationship to you.....

Please note that as far as possible the emergency contact should be someone who could take responsibility for the child/ren in an emergency. If the person is unknown to the group, they will be asked to show proof of ID before taking a child. Please let them know that they have been named on this form. Does this person have parental permission to take responsibility for the child/ren in an emergency? YES / NO

I agree to take full responsibility for the supervision and safety of the child/ren in my care whilst attending the group. I will abide by the guidelines laid down for the group.

Signed Dated

