



## Application for 'All Saints Holiday Club'

To be completed prior to being accepted a place at 'All Saints Holiday Club '24'.

Once you have your place confirmed you will be contacted with further information and asked for a suggested donation for the event of £15 for the week.

**Group:** All Saints Holiday Club 2024

**Today's Date** ..... /..... /.....

### Family Contact Details

Child's Full Name.....Date of Birth.....

Child's Age in years: ..... Full name of parent/guardian: .....

Home Address:.....

Postcode ..... Main contact number ..... Alternative .....

Email:.....

School .....Current School year .....

### About your Child

Whilst your child is in our care it would be helpful for us to know whether he/she suffers from any allergies, is on any medication or whether there is anything else you would consider important for us to know, e.g. does your child have any special needs?

- Does your child have any food allergies? (please specify) .....
- Does your child have any medical conditions? (please specify).....
- Is s/he on medication? (please specify) .....
- Does s/he have any additional needs? (please specify) .....
- Is there anything else you would like us to know about your child?.....  
.....
- Family doctor's name ..... Address .....
- ..... Telephone .....

### Emergency Contact details for parents/guardians

Full Name ..... Relationship to child .....

Landline ..... Mobile .....

### 2<sup>nd</sup> Emergency contact\* (required)

Full Name ..... Relationship to child .....

Landline ..... Mobile .....

**Arrangements for Collection** (please note the church car park will be closed, please use side streets or the Kidmore Lane car park)

S/he can be collected by ..... Relationship to child .....

S/he can be collected by ..... Relationship to child .....

S/he can be collected by ..... Relationship to child .....

Name/s of anyone NOT allowed to collect my child (if applicable) .....

**Photo Consent**

We sometimes take photographs or video footage which may appear in our printed publications and/or on our website. We will, however, only include images of children in our publicity with the consent of their parents or guardians. Images taken may be stored on a computer or in a filing cabinet however all images will be destroyed after use.

I have discussed this with my child and we are happy for my child's photo to be used: (tick for yes or cross for no)

- Within the Group       Offline Publications (magazine, flyers, etc.)       Church website
- Church social media       Church of England or other church-related websites/Social Media

(Note that websites can be viewed throughout the world, not just in the United Kingdom where UK law applies)

I agree that my child may be identified by name in publications (ticked above)       Yes       No

**Declaration**

I give permission for my child ..... to attend the above group and take part in the specified activities.

I understand that I am signing my child up for the entire four-day Holiday Club and that if there is an emergency or pre-booked medical appointment, I will let the team know as soon as possible.

I consent to images of my child named above being used and stored, solely for the purposes specified above and for the information on this form to be stored on a computer or in a locked filing cabinet within the church office.

In the event of illness, having parental responsibility for the above-named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitable qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

**Disclosure:** In the event of not receiving a place or upon cancellation this information will be destroyed.

**I would like to receive information from the church for any related activities/events:**

- Yes (Please add your email address below)       No

**I would like to receive updates and communications specifically about this group:**

- Yes (Please add your email address below)       No

Email:.....

Text (mobile number): .....

Full Name (Parent/Guardian).....

Signed (Parent/Guardian) ..... Date ..... /..... /.....