

## Registration Form

Name of Child \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Next of kin \_\_\_\_\_

Contact number (During Holiday Bible Club) \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ (must be age 4 by 1<sup>st</sup> July 2014)

School year completed  
(Please circle)

Rec	P1	P2	P3	P4	P5	P6	P7
Year 8		Year 9		Year 10			

Which Church do you attend? \_\_\_\_\_

Doctor's name and telephone number \_\_\_\_\_

Any medical (or other) information we should be aware of:  
(Please include any known allergies)

\_\_\_\_\_

In the unlikely event of illness or accident I give permission for any necessary medical treatment to be given. In an emergency and if I cannot be contacted, I am willing for my child to receive hospital treatment, including an anaesthetic. I understand that every effort will be made to contact me.

I understand that children will not be supervised before 9.45am each morning.  
I understand that my child's details will be entered on the Holiday Bible Club database.

I understand that my child's photograph may be taken and the club recorded.  
I give permission for my child to take part in activities on The Mall.

My child will be collected at the end of the Club Yes/No  
My child is allowed to walk home at the end of the club Yes/No

They will walk home with \_\_\_\_\_

Signed \_\_\_\_\_ (Parent/Guardian)

Date \_\_\_\_\_

The above information will be treated confidentially.

**Please return registration form to:-  
Colin Berry  
4 Mullaghbane Road  
Armagh  
BT61 9HW  
3752 4428**