

**PART A**

**PARENTAL CONSENT FORM**

**PARISH** St Paul's Crofton  
**DATE & TIMES** 26<sup>th</sup>-27<sup>th</sup> October 2017 9:30am-12:30pm, and 28<sup>th</sup> October 9:30 am-3:30pm, finishing with a celebration service at 10:15 am on Sunday 29<sup>th</sup> October  
**LEADERS** Mark Sanger (07904 193761), Helen Stiff (07983 435388) Mandy Tutt (07904 193676)  
**EVENT** The Adventures of Theodore Bones - Holiday Club  
**COST** £9 per child (£3 a day) cheques to be made payable to 'St. Paul's Church Crofton'  
 Please write your child's name on the back of the cheque.

The Holiday Club will be run by members of the youth & children's team at St Paul's Church, who have all been DBS checked. The children will be put into groups according to their age, and each group will have 2 leaders. We will be looking at some Bible stories, and activities related to these will include crafts, cooking, games and group challenges. We advise that they wear clothes they can run around in and that can get dirty. If paint is used, we will supply aprons. On Saturday we are running from 9:30am-3:30pm so everyone needs to bring a packed lunch. To secure your place, please return the form below to us asap as places are limited.

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**PART B** (Please read, complete and return part B. Part A is for you to keep)

**The Adventures of Theodore Bones - Holiday Club @St Paul's, Crofton (26<sup>th</sup>-29<sup>th</sup> Oct 2017)**

Full Name of child \_\_\_\_\_ D.O.B \_\_\_\_\_ School Year \_\_\_\_\_  
 Home Address & Post Code \_\_\_\_\_  
 Telephone (Home) \_\_\_\_\_ Email address: \_\_\_\_\_  
 Name and address of Doctor \_\_\_\_\_ Doctor's Tel. No. \_\_\_\_\_

If possible, my child would like to be in a group with (same age or school year): \_\_\_\_\_

Please indicate which days your child will be attending. If we are oversubscribed we would prefer to offer the space to those that are attending the whole of the Holiday Club.

My child will be attending on:  Thurs 26<sup>th</sup> Oct  Fri 27<sup>th</sup> Oct  Sat 28<sup>th</sup> Oct  Sun 29<sup>th</sup> Oct (Free on Sunday)

Whilst in our care it would be helpful for us to know whether they suffer from any medical conditions, allergies or Phobias (please include relevant medical details overleaf) \_\_\_\_\_

Please give details of any medication your child is currently using and if he or she needs to carry these drugs on their person? (If yes please make sure an adequate supply accompanies the child to the event) \_\_\_\_\_

Please give details of any dietary requirements \_\_\_\_\_

Is there any activity that they should not be allowed to participate in? \_\_\_\_\_

**PARENTAL CONSENT**

I understand that while involved, the person named above will be under the control and care of the group leader and/or other adults approved by the PCC of St Paul's Crofton.

I agree to any emergency medical treatment as considered necessary by the medical authorities if I cannot be contacted. **YES/NO**

I agree to images of my child taking part in the activities to be used within the St Paul's Church community. **YES/NO**

I agree to images of my child taking part in the activities to be used on the St Paul's Church website. **YES/NO**

I give consent for my child attending and participating in the event referred to in part A.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Full name of parent(s)/guardian(s) \_\_\_\_\_ Emergency contact Tel no. \_\_\_\_\_

*Please use the other side to give any further information as necessary*

**Please return completed forms and payment to: Holiday Club, St Paul's Church, Crofton Road, Orpington BR6 8JE**