

HOLIDAY CLUB FUN DAY



Registration Form

Child's Name.....

Address:.....

.....

Date of Birth.....

Class just completed.....

Parent/Carer Name.....

Telephone Number.....

Email.....

Emergency Contact Name.....

Emergency Contact Tel. Number.....

Please give details of any allergies, medical conditions or special needs
your child has.....

.....

In the unlikely event of illness or accident I give permission for first aid to be given. If I cannot be contacted in an emergency I am willing for my child to be given hospital treatment.

Signed..... Date.....

Please notify in writing if you do not wish your child to be photographed.

www.kilmalliefreechurch.org