

Registration Form

for primary school kids aged 4 1/2 to 11 years

Child full name	Age	DOB
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Parent / Carers name	Email Address
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Home Contact No	Mobile Contact No
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Home Address & Postcode	Emergency Contact Name & Number
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During the clubs we may take photos of the children, for display in the Church to show what we have been doing or for use in promotional material. If you **DO NOT** want your child to have their photo taken please tick the box []

In case of emergency can basic medical assistance be given by an appointed person (eg plasters or antibacterial wipes)? YES / NO

Allergies – Please advise of any allergies the child/children have

Please advise of any medical conditions that may require attention during the club e.g. Epilepsy or Asthma

Please advise of any medication the child may require during the club

Your name	Your Signature	Relationship to child	Date
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Please do not bring any child who is suffering from any illness on the day of the club.

For more details or information contact Samantha on 01702 547752
or email ekids@ashingdonelim.co.uk or ekids@rayleighelim.co.uk