



Psalm Tree Island Holiday Club is for children aged 5 - 11 (current reception to year 6). We will be learning from the stories of David, the shepherd boy who became a king, and from the life of Jesus, about how God will help us in the good times and the bad if we trust Him. Each day there will also be a choice of activities including craft, cooking, music and games.

On the Friday (at 12 noon) there will be an opportunity for parents/carers to come and see some of what the children have done at our finale.

A consent form must be completed, one for each child, and signed by a parent or guardian before a child can attend this event.

Please complete the consent form(s) and if possible return by 21st July to:

Sue Parrotte
Central Baptist Church
Victoria Road South
Chelmsford CM1 1LN

All enquiries 01245 264163
sueparrotte@centralbaptistchelmsford.org

Children can be registered on the day although pre-registration is preferred. If you are not accompanying your child (ie if they are being brought by another adult) please ensure that you have signed the consent form in advance.

Suggested donation of £1 per child per day towards the cost of refreshments & materials.

CENTRAL BAPTIST CHURCH - CHELMSFORD HOLIDAY CLUB CONSENT FORM

CHILD'S NAME:

NAME THEY LIKE TO BE CALLED (if different):

AGE: SCHOOL YEAR (current/summer term):

SCHOOL:

ANY ALLERGIES/MEDICAL CONDITION:

ANY ADDITIONAL NEEDS:

NEXT OF KIN:

RELATIONSHIP TO CHILD:

EMERGENCY CONTACT NO(S):

GP: GP'S PHONE NO:

Please note, the above school, medical and emergency contact information will only be kept for the length of the specific activity that it has been given for and will be then securely destroyed.

PLEASE TURN OVER, COMPLETE AND SIGN



HOLIDAY CLUB CONSENT FORM (continued)

CHILD'S FULL NAME:

PARENT/GUARDIAN NAME:

ADDRESS:

..... POSTCODE:

PHONE NO: E MAIL:

I give permission for this child to attend holiday club at Central Baptist Church. I also give permission for the above information to be held by Central Baptist Church for the sole purpose of contacting me regarding future children's activities and events. All details are confidential under the General Data Protection Regulations.

In the unlikely event of illness or accident whilst the child is taking part in this event, I give permission for any medical treatment to be administered by the nominated first aider, or by suitably qualified medical practitioners. Should my child require emergency hospital treatment I authorise an adult leader to sign on my behalf any written form of consent required by the hospital if I cannot be contacted. I understand that every effort will be made to contact me as soon as possible.

I give permission for my child to be taken off the premises for activities accompanied by adult helpers.

I give permission for my child to be photographed and understand that photographs taken will be displayed within the church building only.

I confirm that all the details given on this form are correct to the best of my knowledge.

PRINT NAME:.....(PARENT/GUARDIAN)

SIGNED:..... DATE:.....

