Penn Christian Centre

279-281 Warstones Road, Penn, Wolverhampton, WV4 4LA
Website : **www.penn.org.uk** Tel: 01902 335959 (answer phone)

Registration form for SM:bc

(Saturday Morning bible club, for children aged 5-11)

Please compete and return to the above address

SECTION A: **DETAILS OF CHILD**

- Name of Child: Surname**:** _____ Forenames: _____
- Date of Birth: ____/____/_____ Name of School: _____
- Name of parent/Guardian:_____
- Address:_____
  _____ Postcode:_____
- Home Tel:_____ Work Tel:_____ Mobile:_____
- Name of alternative contact:_____ Tel:_____

SECTION B: **MEDICAL INFORMATION**

- List any known allergies or conditions:_____
  _____
  _____
- Name of GP:_____ GP Tel:_____

SECTION C: **DECLARATION**

In the event of an emergency:
In the unlikely event of illness or accident I give permission for any appropriate first aid to be given by the nominated first-aider. I agree to my child being given any medical, surgical or dental treatment, including general anaesthetic and blood transfusion, as considered necessary by the medical authorities present.

I understand photographs/video of children at the club may be taken as they are engaged in **group** activities. That some of these pictures may be projected, or displayed on notice boards within the church building or shown on the children's section of the church website, **www.penn.org.uk**. *(If you have any concerns please speak to us)*

I give permission for these details to be stored electronically in the holiday club database.
(No details are disclosed to third parties and will only be used in relation to children's clubs)

Signed: _____ Parent/Guardian Date: ____/____/_____