

BOOKING AND CONSENT FORM

CASTLE STREET METHODIST CHURCH	Full name of parent/guardian
<p><b>“I WONDER” Easter session</b>  <b>Wednesday 11<sup>th</sup> April 2018</b>                  Registration 10:15am                  Session starts 10:30am                  Lasts approx. one hour</p>	Daytime telephone number(s)  Evening telephone number
Surname of group member	Mobile telephone numbers
Forename(s) of group member	Email address
Date of birth	Name of additional emergency contact
Address	Daytime telephone number(s) for additional emergency contact  Mobile number(s)
Please give details of any medical requirements, dietary requirements, allergies of your child, and any other information that will help us care for your child t	
I give permission for any photographs of my child to be used for church publicity and reporting. Children will be part of group photos only, and will not be identified. (Please delete if you do not wish to give permission)	
I give permission for my son/daughter to take part in this Christmas holiday club.	
Signature  Print name  Date	