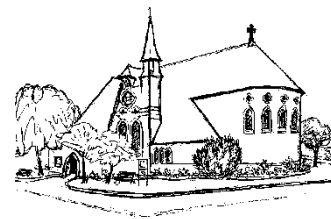


# St John the Evangelist Bromley

www.saintjohnsbromley.com



## Holiday Club Registration and Information Form

*Please use one form per child*

Full name of child \_\_\_\_\_

Known as \_\_\_\_\_ Date of birth \_\_\_\_\_

School \_\_\_\_\_ School year / class \_\_\_\_\_

Names of any friends coming to Holiday Club \_\_\_\_\_

Name of parent / carer \_\_\_\_\_

Home address \_\_\_\_\_

Home phone \_\_\_\_\_ Parents' mobile \_\_\_\_\_

E-mail address \_\_\_\_\_

Please tick here to confirm that St John's may use these details to contact you from time to time about future events for children and families (*you can unsubscribe any time*)

With which GP surgery is your child registered? (*please tick one*)

- Chislehurst Medical Practice       South View Lodge  
 The London Lane Clinic       Sundridge Medical Practice  
 Other (please give full address and telephone number on the reverse of this sheet)

Child's National Health number \_\_\_\_\_

Date of last anti-tetanus injection \_\_\_\_\_

*Please circle either YES or NO in answer to the following questions.*

*If the answer to any question is YES, please give details overleaf.*

Has the above named child ever been actively sensitive to penicillin?      YES / NO

Does he/she suffer from any allergies or have any special dietary needs?      YES / NO

Does he/she carry any medication that needs to be taken regularly?      YES / NO

Does he/she suffer from a condition or illness requiring regular treatment?      YES / NO

I agree that the above-named child may take part in the St John's Half-term Holiday Club 2019. I understand that while involved he/she will be under the charge and care of the group leader, and/or other adults approved by the Parochial Church Council and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during or as a result of the activity. In the event of illness or an accident requiring emergency hospital treatment, I authorise the leader(s) to give consent to treatment. I consent to the above information being held on a secure, confidential database.

I enclose full payment of £20 (cheques payable to *St John the Evangelist Bromley* please).

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please send your completed form (together with payment) to:  
Revd Andrew McClellan, St John's Vicarage, 9 Orchard Road, Bromley, BR1 2PR  
Tel: 020 8460 1844    EMail: saintjohnsbromley@gmail.com