



**Registration Record for  
Children's Creation Fun Day on Thursday February 16<sup>th</sup> 2012  
11am-3pm**

**Family Contact Details**

Child 1's Full Name.....Date of Birth.....  
 Child2's Full Name.....Date of Birth.....  
 Full name of parent/guardian: .....  
 Home Address:.....  
 Home Tel/Mobile number ..... Home email: .....  
 School ..... School year .....

**About your Child**

Whilst your child is in our care it would be helpful for us to know whether he/she suffers from any allergies, is on any medication or whether there is anything else you would consider important for us to know.

- Does your child have any food allergies? (If yes, please specify on back).....
  - Does your child have any medical conditions? (If yes, please specify on back ).....
  - Is s/he on medication? (If yes, please specify on back) .....
  - Does s/he have any special needs? (If yes, please specify on back ) .....
  - Is there anything else you would like us to know about your child? .....
  - Family doctor's name, address and telephone number .....
- .....

**Emergency Contact details for parents/guardians**

Contact telephone number during group or activity time: .....  
 Contact name and number for an alternative adult in case of emergencies: .....  
 Relationship to Child: .....

**Arrangements for Collection**

My child will be collected by ..... Relationship to child .....  
 Name of anyone NOT allowed to collect my child (if applicable) .....

**Declaration**

I give permission for my child ..... to attend the above group and take part in the specified activities.

Signed (Parent/Guardian) ..... Date .....

**PLEASE RETURN TO FRAN SIDDLE VIA THE CHURCH OFFICE IN AN ENVELOPE MARKED  
"FUN DAY" WITH THE £3 REGISTRATION FEE BY WEDNESDAY 8<sup>TH</sup> FEBRUARY 2012**