

# Bethesda Baptist Church - Holiday Club 2018

## Registration Form

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Child's full name.....

Date of birth .....

Address.....

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Home phone number.....

School attended.....

Parents email.....

Details of any church connection.....



Current school year .....

My child can attend holiday club:

Wed  Thu  Fri

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### Emergency Contact Details

Name and telephone number of contact person (yourself or a person who can be contacted in an emergency)

Name..... Relationship to child.....

Home telephone ..... Mobile.....

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### Health Details

Are there any health issues or known allergies that we need to be aware of or any medication they will need to bring with them? .....

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### Permissions

- I give permission for my child to attend Bethesda Baptist Church 2018 holiday club.
- I confirm that the above details are correct to the best of my knowledge.
- In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be given by the nominated first aider, or by a qualified medical practitioner. If my child requires emergency hospital treatment and I cannot be contacted, I authorise an adult leader of the holiday club to sign any written form of consent required by the hospital, on my behalf. I understand that every effort will be made to contact me as soon as possible.
- I am happy for Bethesda Baptist Church to retain my contact details in order to send me details of future events and activities. (Please tick here if you do not wish us to retain your contact details after Holiday Club 2018 )

Signature .....Name (printed) ..... Parent /Guardian

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### Photographs & Videos

During the holiday club there may be times when photos and video footage is taken. This is mainly for use during the holiday club and the Sunday service which follows it. Photos may also be displayed within the church but will not appear on the church website or any other publicity material. Please speak to us if you have any concerns about this.

I acknowledge the statement above and give permission for photos and video footage to be taken of my child.

Signature .....Name (printed) ..... Parent /Guardian

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Please return to: Bethesda Baptist Church, 9 St Margaret's Plain, Ipswich, IP4 2BB

## Bethesda Baptist Church Consent Form

We would like to contact you to inform you of events and activities that are taking place at Bethesda Baptist Church.

Your privacy is important to us and we are committed to safeguarding the privacy of your information.

Full details of the Bethesda Baptist Church privacy policy can be found in the Church information area or here <http://www.bethesdaipswich.com/privacy/> on the web site.

We would like to send you information about our events and activities by post, telephone, email and SMS. If you agree to being contacted in this way please tick the relevant boxes

- Post
- Email
- Phone
- SMS

Name \_\_\_\_\_

Date \_\_\_\_\_