



Christmas Holidays HOLIDAY CLUB 2022



Bishop Auckland Fellowship of Christian Churches Project

TO BE RETURNED to Circuit Office, Bishop Auckland Methodist Church, 21 Cockton Hill Road,
Bishop Auckland, DL14 6EN by **Thursday 15th Dec** - E: basccircuitoffice@gmail.com M: 07783 946968



HOLIDAY CLUB ACTIVITIES WEEK - Thu 29th and Fri 30th Dec 2pm till 5pm each day

COST: Free (spaces limited, please book to reserve your child's space)

(Age range: Those entering Year 1 up to those entering Year 6)



FAMILY DETAILS

Name of Child: Date of Birth Sch yr Sep 22.....

Name of Child(2): Date of Birth Sch yr Sep 22.....

Name of Child(3): Date of Birth Sch yr Sep 22.....

Address:

..... Postcode:

Phone daytime: Mobile:

Email

Fee enclosed

CHEQUES TO BE MADE PAYABLE TO: **Bishop Auckland Fellowship of Christian Churches**

I / a friend (please state name) will be the person collecting them at the end of each day

OR my child(ren) will be able to walk home: YES / NO

There will be food provided for the children attending this Holiday Club

ARE THERE ANY FOOD ALLERGIES OR DIETRY RESTRICTIONS YES/NO

If yes, please provide details.....

Where did you find out about Holiday Club 2022?

Please tick the box if you wish your contact information to remain on file to enable us to contact you about Holiday Club 2023

In case of emergency, notify: Phone:

If Parent/Guardian are not available in an emergency, notify:

1 Name Relationship to child..... Phone:

2 Name Relationship to child..... Phone:



HEALTH HISTORY: (Tick box if your child has these conditions)

| Name of child: | 1 | 2 | 3 |
|----------------|---|---|---|
| | | | |

HOLIDAY CLUB IS BEING HELD AT: **B/A METHODIST CHURCH, Bishop Auckland DL14 6EN**

HEALTH RECORD FOR EACH CHILD ATTENDING BAFCC HOLIDAY CLUB

| | | | |
|--|--|--|--|
| Seizures | | | |
| Asthma | | | |
| Allergies | | | |
| Hay Fever | | | |
| Insect Stings | | | |
| Penicillin | | | |
| Other Drugs – please state | | | |
| Appliances worn glasses, contacts, retainer – please state | | | |
| Any other relevant medical information | | | |

PLEASE STATE if your child has an Inhaler or EpiPen with them and let us know how you wish it should be administrated:

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Conditions that require activity to be restricted?

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PHOTOGRAPH CONSENT

It is possible that during the event your child(ren)/young person below the age of 18 may be photographed or recorded (audio or visual). The organisers of the event will take steps to ensure that these images are used solely for the purposes that they are intended, which is the celebration and promotion of the BAFCC's work with children and young people. If you become aware that these images are being used inappropriately you should inform a Holiday Club leader as soon as possible. The BAFCC takes the issue of child safety very seriously and we believe we have a duty of care. This means that images of children and young people will remain unidentifiable, with names and identifying information being withheld.

I give*/I do not give* my consent to my child(ren) being photographed and recorded and the images used as stated above.

I give permission for my child(ren) to attend this Holiday Club and will advise you if there any changes to the information provided.

SIGNED: **DATE:**

NAME (printed): **Parent/Guardian*** please delete as appropriate



All information given will be used for Holiday Club purposes only.

