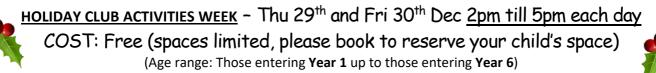


Christmas Holidays HOLIDAY CLUB 2022

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: <u>bascircuitoffice@gmail.com</u> M: 07783 946968



FAMILY DETAILS

FAIVILLI 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 Auckla	and Fellowship of Christian Churches
There will be food provided for the ARE THERE ANY FOOD ALLERGIES OF	children attending this Holiday Club R 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 ren	main on file to enable us to contact you about Holiday Club 20
In case of emergency, notify:	Phone:
If Parent/Guardian are not available in an emergency, no	otify:
1 Name Relationship to child	Phone:
2 Name Relationship to child	Phone:
HEALTH HISTORY: (Tick box if your child has these condit	tions)
Name of child: 1	2 3

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			
administrated:	nas an Inhaler or EpiPen with	,	
Conditions that require a	activity to be restricted?		
	PHOTOGRAP	PH CONSENT	***************************************
recorded (audio or visual). for the purposes that they a children and young people. inform a Holiday Club leade believe we have a duty of c	e event your child(ren)/young The organisers of the event ware intended, which is the cele If you become aware that the er as soon as possible. The BA are. This means that images of information being withheld.	vill take steps to ensure that the control of the c	hese images are used solely e BAFCC's work with appropriately you should afety very seriously and we
I give*/I do not give* my used as stated above.	consent to my child(ren) be	eing photographed and rec	orded and the images
I give permission for my on the information provided	child(ren) to attend this Hol	iday Club and will advise yo	ou if there any changes to
SIGNED:		DATE:	
NAME (printed):		Parent/Guardian* please	delete as appropriate
All in	formation given will be use	d for Holiday Club purposes	s only.