



# Holiday Club

4th - 6th April 2017  
3pm to 5pm

**Hear talks about the Bible's story of Joseph,  
have lots of food, play crazy games,  
have fun, chill out and make friends!**

**For school years 6 - 9**

For details contact Mark Jackson (mark3jackson@gmail.com, 07765 107444)  
or the church office (office@st-toms.org.uk, 020 8245 9152)



**ST THOMAS  
OAKWOOD**

Prince George Avenue, N14 4SN  
office@st-toms.org.uk  
Office Tel 020 8245 9152

## Ygnite Holiday Club Registration Form

Please complete registration form, cut it off and return it to St Thomas Church Office

I give permission for my child \_\_\_\_\_

(full name) to attend **Ygnite Holiday Club (4th-6th April 2017)**

and to participate in all the organised activities, including any off-site activities in Oakwood Park.

I understand that photos of my child may be taken and used in future publicity.

Child's date of birth \_\_\_\_\_ Age \_\_\_\_\_ School year \_\_\_\_\_

Does your child suffer from any allergies or recurring illness?

Does he/she take any regular medication?

Any other information we should know about? e.g.. Special dietary requirements, special needs.

### Parent's details

Name of Parent/Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

Mobile telephone \_\_\_\_\_

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

Other emergency contact details:  
\_\_\_\_\_

If it becomes necessary for my child to be given urgent medical treatment, and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any medical treatment, judged to be necessary and urgent, by the nominated first aider or a medical practitioner and I authorise the leader in charge to sign any document required by hospital or other authorities. I understand that every effort will be made to contact me as soon as possible.

Signed \_\_\_\_\_ (parent/ guardian)