



Ekids



Summer Club

REGISTRATION AND BOOKING FORM

Child/children's Surname _____

Childs name _____ Age _____ DOB _____

Childs name _____ Age _____ DOB _____

Childs name _____ Age _____ DOB _____

Address _____

Parent/careers name _____

Contact No. Home _____ Mobile _____

Emergency No and name _____

Allergies - Please advise of any allergies the child/children have _____

In case of emergency can medical assistance be given by an appointed person

e.g plasters or antibacterial wipes yes / no

Please advise of any medication the child may require during the club _____

NB. Please do not bring any child who is suffering from any illness on the day of the club.

Please advise of any medical conditions that may require attention during the club e.g. Epilepsy or Asthma

During the clubs we may take photos of the children, for display in the Church, to show what we have been doing. If you **DO NOT** want your child to have their photo taken please tick the box []

Please return to Elim Church, 23 Castle Road, Rayleigh SS6 7QD (between the entrance & exit of Castle Road car park). Please place in letter box. Thank you, we look forward to seeing you soon.

Contact Samantha on 01702 547752 for more details or information.