



# 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 Ashingdon Elim Church, Corner of Clifton Road, 535 Ashingdon Road, Ashingdon, Essex SS4 3HE  
Please place in letter box at side of church. Thank you, we look forward to seeing you soon.

Contact Samantha on 01702 547752 for more details or information.