

Sandhurst Churches Together Alternative Hallowe'en party
at St Michael's Pastoral Centre, Sandhurst GU47 8HN
31st October 2014 5.00-7.00 pm

Registration/Parental Consent Form

To be returned by Saturday 25th October to althalloweenparty@live.co.uk or to
Alternative Hallowe'en Party, St Michael's Pastoral Centre, Lower Church Road, Sandhurst GU47 8HN
Places will be allocated on a first-come-first-served basis.

Child's Name: _____

Age _____ Date of Birth: _____

Address: _____

Name of parent/guardian: _____ Contact phone no. _____

Alternative Emergency Contact Name: _____ Relationship: _____

Alternative contact phone number: _____

Health (Please tell us of any allergies, or if your child suffers from any ailments or phobias and/or is taking any medication)

Is there anything else you think we should know? _____

Does your child need help to use the toilet? Yes/No

Declaration

I agree to my child taking part in the Alternative Hallowe'en party at St Michael's Pastoral Centre; this includes playing games, watching entertainment, doing a craft activity, and eating food.

I agree that official photographs taken during the party may be displayed on the websites of member churches of Sandhurst Churches Together and/or used in church promotional material
(children will not be named) Yes/No

When the party is finished, my child will be collected by (please specify):

[] Myself OR [] _____ Relationship to child: _____
(Name)

In the event of an illness or accident, every effort will be made by the event leaders to contact me. If for any reason this is not possible, I agree to my son/daughter receiving medication as instructed and any emergency medical treatment as considered necessary by the medical authorities present.

Signed: _____ Date: _____
(Parent/Guardian)

(if this form is sent by e-mail, it will need to be signed when the child is brought to the party)

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For use on the day:

Child collected by: _____

(PRINT NAME)

(SIGN)