



# VBS 2015 Registration Form

For ages 5-14 years (one form per child)

Please write in BLOCK LETTERS and complete all sections on the form

Child's Name \_\_\_\_\_

Male  Female

### Age Information

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

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

Address \_\_\_\_\_

Post code \_\_\_\_\_

### Phone Numbers

Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_ Email \_\_\_\_\_

### Medical Information/Learning Difficulties

Medical or other information we need to know. (Please include any food allergies.)

\_\_\_\_\_  
\_\_\_\_\_



### Emergency Contacts

Name \_\_\_\_\_ Phone number \_\_\_\_\_

### Dismissal Information

Who may pick up your child at the end of each VBS day? **(State name and relationship to child)** If child is to leave on own or with friends please state.

\_\_\_\_\_

### Medical Treatment

I give permission for the appointed First Aid person to decide and administer any relevant first aid treatment which may include administration of plasters. Paracetamol may be administered with the verbal consent of the child's parent/carer.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Photographs/Videos and Church Website

I give permission for my child to be videoed and photographs taken during the time they are at the holiday club. I also give consent that photographs taken may be included on the church website and/or handbills for promotion. No names will appear on these.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return completed forms to:

South Street Baptist Church  
66-68 Greenwich South Street  
London SE10 8UN

**Closing date for submitting Registration Forms:**

**Monday 13 July 2015**