

# Trinity Treasure Seekers Registration Form

(One per child please)



PLEASE PRINT CLEARLY

Please return to Julie Torrance by **Monday 3<sup>rd</sup> July** either by post to Holy Trinity Church, South Street, St Andrews, KY16 9UH or email it to [breakfastattrinity@gmail.com](mailto:breakfastattrinity@gmail.com) **Registration is essential.** Thank you!

Child's name.....

Date of birth ..... Age .....

Address.....

Home No: ..... Parent/Guardian mob: .....

School Attending (As of Aug 2017) .....

Primary class of 2017/18      Please circle below:

P1      P2      P3      P4      P5      P6      P7

Emergency contact name.....

Emergency contact telephone number .....

Name & Contact Number of GP .....

Does your child have any known health conditions, allergies\*, etc. (eg asthma, diabetes)? *\*A snack will be offered during the holiday club*

If so, please give details.....

.....

.....

My child will normally be collected by the following adult(s) (please include relation to child):

.....  
**\*Please note children should be collected inside the hall. We cannot let children meet those collecting them outside\***

I am happy for these details to be included on a database for the purposes of registration for the duration of the Holiday Club only: YES  NO

I give permission for my child's photograph to be taken for the local newspaper, church powerpoint presentation and displays.  
No names will be included. YES  NO

I give permission for my child's photograph to be used for publicity purposes on church website and facebook page. (NO names will be included)  
YES  NO

At Holy Trinity we often host one off events for children and families.  
If you would like to receive information via email about these events and future holiday clubs please print your email address clearly below:

Email address .....

**In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be administered by the nominated first aider, or by suitably qualified medical practitioners. Should my child require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital if I cannot be contacted. I understand that every effort will be made to contact me as soon as possible.**

**I confirm that the above details are correct to the best of my knowledge.**

Signed..... (Parent/Guardian)

Date.....