



"Expect the UNExpected!"

9th - 11th April 2019, 3pm to 5pm
For school years 6 to 9

With all sorts of crazy games and sports, both indoor and outdoor, food and drink, and the chance to chill out and make new friends! We'll also take a look at some of what Jesus said and find that he continually turns our expectations - about God, himself and religion - upside down.

For more details contact Mark Jackson (mark3jackson@gmail.com, 07765 107444) or the church office (Prince George Avenue, N14 4SN; office@st-toms.org.uk; 020 8245 9152; www.st-toms.org.uk)

To book a place please complete both sides and return to St Thomas Church Office

I give permission for my child (<i>full name</i>) _____ to attend Pathfinders Holiday Club 2019 (9th-11th April) and to participate in all the organised activities, including any off-site activities in Oakwood Park. Boy/Girl _____ Date of Birth _____ Age _____ School Year _____	
Does your child suffer from any allergy or recurring illness?	
Does he/she take any regular medication?	
Any other information we should know about? e.g. special dietary requirements, special needs etc.	

Name of Parent/Guardian _____
Home Address _____
_____ Postal Code _____
Telephone (Home) _____ (Mobile) _____
E-mail (*legible please*) _____
Other emergency contact details: _____

PLEASE NOTE: Your privacy is important to us. *If you would like us to email you details about next year's Holiday Club, and about other events at St Thomas that may interest you, please sign here:*

For legal reasons we cannot send you emails unless you agree. You can find out more about how we use your personal data by reading our privacy notice which you can find here: <http://www.st-toms.org.uk/resources/privacy-policy/>.

My child will normally be collected by the following adult(s) at 5pm
Name/s _____
OR My child will make their own way to/from the Holiday Club (tick)

Name, address and telephone number of your child's registered GP

If it becomes necessary for my child to be given urgent medical treatment, and I cannot be contacted by telephone or any other means to authorise this, I hereby give my general consent to any medical treatment, judged to be necessary and urgent, by the nominated first aider or a medical practitioner and I authorise the leader in charge to sign any document required by hospital or other authorities. I understand that every effort will be made to contact me as soon as possible.

In accordance with the Data Protection Act I understand a record of the details on this form will be kept on a database for use by the church only. Photographs and video may be taken of children during this event for use in future publicity, either printed, shown in church or on the church website.

My signature indicates acceptance of all the above.

Signed: _____

Dated: _____