

# Ocean World

## Mini Holiday Club

If you would like to come please ask your parent or guardian to complete the attached form with a **total fee of £3 per child**. We will accept cash or cheques payable to 'Claygate PCC'.

### IMPORTANT BOOKING INFORMATION

Bookings will open at 10am on Saturday 17 January at:

Holy Trinity Church, Church Road, Claygate, Surrey KT10 0JP

**Priority will be given to personal callers who will be limited to booking for their own children and up to one other family only.**

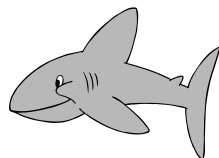
Places are limited and will be allocated on a first come first served basis.

Any bookings received by any other method will be processed on this date at 11.30am, but only if there are places remaining.

For any queries, please contact the church office on 01372 463603 choosing option 1 bookings

or email [bookings@holytrinityclaygate.org.uk](mailto:bookings@holytrinityclaygate.org.uk)

**We will confirm with you in writing if you have been successfully registered and we look forward to you joining us in our Ocean World!**



## OCEAN WORLD REGISTRATION FORM

MALE/FEMALE CHILD'S NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_ SCHOOL YEAR \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE (at time of club) \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

*Please register my child for Ocean World Holiday Club*

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/GUARDIAN'S ADDRESS & PHONE (if different from above)

**NAME OF ONE OR TWO FRIENDS OF SIMILAR AGE WHO ARE ALSO REGISTERING:**

Please tick here if you **do not** wish your child's image to be used for internal church publicity (e.g. photos, video)

# EMERGENCY CONSENT FORM

CHILD'S NAME \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

NAME 1 \_\_\_\_\_ PHONE \_\_\_\_\_

NAME 2 \_\_\_\_\_ PHONE \_\_\_\_\_

NAME OF GP \_\_\_\_\_

SURGERY \_\_\_\_\_ TEL. NO. \_\_\_\_\_

## RELEVANT INFORMATION WE SHOULD KNOW

(e.g. allergies, medical condition, special needs etc – use a separate sheet if necessary)

I confirm that the above details are complete and correct to the best of my knowledge. In the unlikely event of illness or accident I give my permission for any necessary medical treatment to be given by the nominated first aider. In an emergency and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

DATE \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN'S NAME (please print) \_\_\_\_\_

# Ocean World

## Mini Holiday Club



Calling all children age 4 and/or in Reception Class at school ..... come and join us for a morning of underwater fun with music, puppets, crafts, games, challenges and lots more!

Become an ocean cadet and learn about God as you discover strange worlds and underwater creatures

**Friday 20 February 2009 9.30am -12.30pm**

Holy Trinity Church, Claygate

