"Space Academy" Holiday Club Booking Form, 2014

Post Code: Telephone No: Date of birth: School: Any important information (including allergies, medication etc): Doctor's name: Surgery name & Telephone no: Photographs may be taken at the event to share with others (through the church website what we have been doing. Please tick below if your child may be in photographs: All photographs Church website only Local paper only Parent/guardian name: Emergency contact no: In the event of an emergency I give consent for my child to receive necessary medical tranaesthetic. Signed (Parent/guardian)	
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(Parent/guardian)	eatment, including
I give permission for my child to attend "Space Academy" Holiday club.	
Signed(Parent/quardian)	

Please complete this form and return it to Sue Kingman: C/O Christ Church Centre, Christ Church Way, Stone, Staffs, ST15 8ZB as soon as possible, Thank you!