

**Rocky's Plaice is at Morden Park Holiday Club
Scripture Union & Churches Together in Morden**

**Monday 26th July to Friday 30th July 2010
10.15 am to 12.30 pm & 1.00 pm to 3.00 pm**

**In Morden Park (Bandstand Enclosure)
(Near the Swimming Baths)**

For everyone aged 5 – 11 (5 by 31st August 2010)

Activities include:

**Christian stories from the Bible, Drama, Games, Craft,
Sports, Competitions and lots of fun**

**Bring a sun hat, waterproof Coat/jacket packed
lunch and Drinks. (please name all items)**

If wet we meet at:

**Reds 5's - 7's St Martins Church
Camborne Road, Morden SM4 4JW**

**Greens 8 + Morden Park Baptist Church
Lower Morden lane, Morden SM4 4SP**

Wet weather information line 07722 422 293

**Register at:
Morden Park Baptist church,
Lower Morden Lane, Morden SM4 4SP**

**On Saturday 17th July from 10.00 am to 12.00 pm
Limited spaces available**

(one person can bring children's forms providing they have been signed by the child's parent/guardian they will then receive the collection cards and parents information sheet)

Fill in this part now and **bring it with you**

Official Card Number

Child's First name _____ Child likes to be called: _____

Surname _____ Age: _____ Date of Birth: _____

School year: _____ (just left) Male / Female Address: _____

_____ Post Code: _____

Home Tel: _____ Email: _____

1st daytime Telephone Number: _____ Name _____

2nd daytime Telephone Number _____ Name _____

Church attended if any: _____

GP's name: _____ Tel. No: _____

Please give information about your child's health (this will help us to enable your child to get most the most out of Holiday Club)

1. Is your child receiving medical attention? Yes/no _____

If yes please give details _____

2. Does your child suffer from allergies? Yes/no _____

If yes please give details _____

3. Does your child have any special needs? Yes/no _____

If yes please give details _____

In case of an Emergency should we be unable to make contact on the above numbers please provide details of another family member or close friend should we need to send your child home. This number will only be used should we not be able to contact above.

Contact Name: _____ Relationship to child _____

Telephone: _____ Mobile: _____

Photographs will be taken throughout the event for publicity purposes. If you do not want your child photographed please let us know. Information will be shared with the local participating Churches and Scripture Union.

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 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.

If you do not wish to be contacted about other events held by churches please tick

Please state if your child has been in contact with anyone within the last week who is suffering from and infectious disease. No /Yes _____ (Please state)

Parent/Guardian's signature _____ date: _____

Please supply a PASSWORD _____ This should only be known only to you or the person collecting your child should they not have the collection card.