

CHILDREN & YOUNG PEOPLES' PROTECTION POLICY

Albert Hall Evangelical Church, 4 Albert Road, PA4 8ET

HOLIDAY CLUB REGISTRATION FORM

ORGANISATION:- "JOSEPH'S JOURNEYS" Holiday Club 23rd-27th July 2018

CHILD NAME:-

School class after the holidays - Primary

ADDRESS:-
.....

PARENT/GUARDIAN:-

ADDRESS IF DIFFERENT FROM ABOVE:-
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.....

Please state any medical condition which leaders of the organisation should be aware of including allergies etc

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Please give Name and Telephone Number of two contacts in the case of an emergency.

1.
2.

I am willing for my child/ward to be given Basic First Aid Treatment in the event of an accident.

Signed:- **Relationship:-**

Date:-

Note: All leaders have been PVG checked to work with children.

Note:- We may take photographs throughout the summer club. If you do not wish your child to be photographed at anytime please sign this section.

Tick if you'd like know about further children's activities at Albert Hall.