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| **TIME TRAVELLERS REGISTRATION FORM */ Children in P1-S1 in August 2024******Time Travellers Holiday Club* will take place at** ***PORT GLASGOW NEW PARISH CHURCH, 65 Church Street, Port Glasgow*  *Monday 5thAugust to Friday 9th August*, from *10.00am to 12.15pm***Please fill in this form to book a place for your child, ***one form per child*** |
| **Child’s full name**  | Sex: **M / F**  |
| **Date of birth**  | School Year Group (as at Aug’24)  |
| **Please register my child for Time Travellers M T W T F. (Please circle which days your child will attend)****Parent’s/Guardian’s signature Date** |
| **Parent’s/Guardian’s full name**  |
| **Address**  |
| **Phone number Email** |
| **I give permission for my child’s and my details to be entered on the church database. Yes / No** **Photographs of activities may be used for publicity purposes, eg local press, website.****I give permission for my child to be included in photographs. Yes/No** |

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| **TIME TRAVELLERS CONSENT FORM**  |
| **Child’s full name**  |  |
| **Address**  |
| **Emergency contact name**  | **Phone number**  |
| **GP’s name**  | **GP’s phone number**  |
| **Any known allergies or conditions** **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 appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.  ***Signature of Parent/Guardian*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Any Questions please contact either WBoyle@churchofscotland.org.uk / revsusanhenderson@gmail.com |