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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](mailto:WBoyle@churchofscotland.org.uk) / revsusanhenderson@gmail.com | |