

VBS 2010 Registration Form

For ages 5-14 years



Child's Name _____

Parent/Guardian Name _____

Address _____

Post code _____

Phone Numbers

Home _____ Work _____

Mobile _____ Email _____

Age Information

Child's date of birth _____ Age _____



Medical Information

Medical or other information we need to know. (Please include any food allergies.)

Emergency Contacts

Name _____ Phone number _____

Dismissal Information

Who may pick up your child at the end of each VBS day? If child is to leave on own or with friends please state.

Medical Treatment:

I give permission for the appointed First Aid person to decide and administer any relevant first aid treatment which may include administration of plasters. Paracetamol may be administered with the verbal consent of the child's parent/carer.

Signed _____ Date _____

Photographs/Videos and Church Website:

I give permission for my child to be videoed and photographs taken during the time they are at the holiday club. I also give consent that photographs taken may be included on the church website and/or handbills for promotion. No names will appear on these.

Signed _____ Date _____



Please return completed forms to:

South Street Baptist Church
66-68 Greenwich South Street
London SE10 8UN

T: 020 8691 1270

www.southstreetchurch.org.uk