



Please complete one form per child

Please note that under 5s must be accompanied by an adult.
£1 per child under 2s free.



BECCLES PARISH
BECCLES, WORLINGHAM, NORTH COVE & BARNBY

Please tick which sessions

Session One 15th Aug at St Luke's 10am-12noon

Or

Session Two Monday 22 Aug at St Michael's 10am-12noon

Child's Full Name

Date of Birth Age.....

Home Address

..... Post Code

Telephone number.....

Parent/Guardian Name

Alternative Emergency Contact

Name.....

Telephone number

Doctor's Name and Address

.....

Doctor's Telephone number

Details of any medical conditions/particular needs

.....

Dietary Requirements /Allergies

I give permission for my child to attend the activity mornings.

I hereby give my permission for authorised photographers to take photographs of my child whilst participating in the activity mornings. I understand that these may be used for publicity eg local paper, parish website and in displays within the Diocese. **YES / NO (please circle)**

In case of accident or emergency I give my permission for appropriate medical treatment to be given. If admission to hospital is necessary I give my consent to any emergency or life-saving procedures recommended by the attending doctor.

SignedDate.....

Please return this form via email to becclesparishevents@gmail.com
or post to The Parish Office St Luke's Church Centre, 61 Rigbourne Hill, Beccles NR349JQ