

Is there any other information you would like us to know about your child?

Permission

I wish my child(ren) to take part in the Holiday Club, and agree to him/her/ them taking part in all activities.

- *I certify that, as far as I am aware, my child(ren) is/are medically fit to take part in the Light Party, and there are no reasons why he/she/ they should not do so.*
- *I authorise emergency treatment to be provided for my child(ren) should this be necessary during the Light Party.*
- *I acknowledge that my child(ren) may be included in still or moving images and audio taken during the Light Party by our designated photographer(s), which may appear on church displays and the church website.*

Signed: _____ (Parent/
Guardian)

Emergency Contact details for event:



31st October 2017

4pm - 6:30pm

Family Celebration:

6.30pm - 7pm

For School Years R - 6

Cost: £5

Light Party 31st October 2017

Come and join us for an evening of activities, games, stories and fun.

Please bring a named nut-free picnic tea and a torch!

Starts 4pm,
St Peter's Church.

Parents please come and join us at 6:30pm in the church for a final celebration and a chance to see what the children have been doing.

Book early - places limited!
Wear BRIGHT clothes no scary costumes.

Cheques payable to:
"PCC of Farnborough Parish"



Light Party 2017 Booking Form



Details

Child's Name: _____

Your Name: _____

Address: _____

Postcode: _____

Email: _____

(Confirmation of place will be sent to your email address)

Date of Birth: ____/____/____

School: _____

School Year: _____

Medical

Doctor's surgery: _____

Allergies _____

Other medical info: _____

