

Registration & Consent Form

Please complete one form per child

Tuesday 29th July – Friday 1st August 2025, 10am-12noon

£2.50 per family per day

Personal information which you give to us may be used in a number of ways:

Arranging age-appropriate activities; Contacting you or providing medical information in case of emergency; Contacting you about this and future children’s events (with your consent).

No information will be shared with anyone else unless there is a medical or legal reason to do so.

Child’s full name: Click or tap here to enter text.

What does your child like to be called? Click or tap here to enter text.

Parent’s Email Address: Click or tap here to enter text.

Parent’s Postal Address: Click or tap here to enter text.

Parent’s Phone Number: Click or tap here to enter text.

Child’s Date of Birth: Click or tap here to enter text.

Child’s Gender: Click or tap here to enter text.

School Year Group (at Jan 2025): Click or tap here to enter text.

Emergency Contact Name & Phone Number: Click or tap here to enter text.

GP’s Name & Phone Number: Click or tap here to enter text.

Any known allergies, conditions or additional needs?

Click or tap here to enter text.

[ ]  I would like to be kept informed of any future children’s events

 (To change your preference, contact admin@sheldonroad.church)

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 necessary medical treatment to be given by the nominated first aider. In an emergency, and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand every effort will be made to contact me as soon as possible.

Signature: Click or tap here to enter text. Date: Click or tap here to enter text.