

ADVENTURE TIME HOLIDAY PROGRAMME REGISTRATION FORM

CHILD'S NAME: _____ D.O.B _____ Boy/Girl

ADDRESS: _____ PHONE NUMBER _____

EMAIL ADDRESS _____

PARENT/CAREGIVERS _____ DAYTIME PHONE: _____
NAME: _____

_____ MOBILE PHONE: _____

ALTERNATIVE CONTACT: _____ PHONE: _____

DOCTOR'S NAME _____ PHONE: _____

MEDICAL CONDITIONS ALLERGIES or SPECIAL CARE NEEDS _____

PEOPLE AUTHORISED TO COLLECT YOUR CHILD: _____

** I give permission for my Child to walk home unattended please circle Yes/No*

**Please inform us of any special access/custody issues & any friends/relatives intending to collect your child.*

**In the event of a child being injured, the Supervisor will contact those nominated on the Registration Form, and if deemed necessary seek medical treatment at a local doctor or Emergency Clinic in Hamilton, the cost for which I agree to pay.*

**I consent to my child participating in activities at and outside the St Marks Church Centre and Crawshaw Primary School.*

**I give permission for photographs to be taken of my child for use by OAC Ministries for promotional & support purposes of this programme.*

**I have read and agree to the terms and conditions listed above.*

*(Parent/Caregiver's Signature)

*** ALL INFORMATION IS REQUIRED TO COMPLETE BOOKING***

PLEASE CIRCLE DATES YOUR CHILD WILL BE ATTENDING:

MON 28/9/15 \$3	TUES 29/9/15 \$3	WED 30/9/15 \$3	THU 1/10/15 \$3	FRI 2/10/15 Full Week \$15 donation
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OFFICE USE ONLY

RECEIVED – DATE, AMOUNT, & BY RECEIPT # BOOKED IN OUTSTANDING

**The Adventure Time Holiday Programme is provided by the St Marks Church & OAC Ministries
Waikato P.O Box 5441 Frankton, Hamilton 3242.**

