



swindon
evangelical
church

Holiday Bible Club Registration Form



I consent to the child/children named below attending the Holiday Bible Club:

Parent Name:.....

Address:

E-mail:

Emergency Contact No. (For use during the Holiday Bible Club week only):
.....

We might video or photograph your child for use in a craft activity or for a church presentation of "Wacky Wildlife". **If you agree for your child/ children to be included in these activities, please tick this box**

We would like to email you information about future Swindon Evangelical Church events and activities for children and families.

If you agree to being contacted in this way please tick this box.

Signature: Date:

Child 1 Name:

Date of Birth:School:

Does your child have any allergies or a medical condition we should be aware of? Yes/No (details):
.....

Which days will your child attend? All or Tue Wed Thu Fri

Child 2 Name:

Date of Birth:School:

Does your child have any allergies or a medical condition we should be aware of? Yes/No (details):
.....

Which days will your child attend? All or Tue Wed Thu Fri