

2019/2020 *Inspire!* Registration Form



Name:

Address:

Date of birth:

School Year:

Parents' Names:

Home Telephone:

Work Telephone:

Mobile Telephone:

Email Address:

Alternative emergency contact:
(Friend or relative – include name and phone number)

Whilst in our care it is important to know whether your child:-

- Suffers from any allergies
- Is on any medication
- Has any health condition we should know about
- Is up to date with tetanus immunisation

Please tell us of any special needs, particularly likes, dislikes or fears your child has.

.....

Name, address and telephone number of Doctor:

Emergencies

Should an emergency arise on an outing or mid-week activity your child may need to be taken by ambulance to hospital. Parents will be contacted and informed as soon as possible.

Do you agree with this?

If not, what action would you like to be taken?

.....
Sometimes during a session it may be appropriate to take the children out to look at the local environment within the parish. **Do you consent to this?**

We occasionally take photographs or video clips for use on the church website, Facebook pages or the magazine. Please let us know if you **do not** want your child to be included

Signed: Dated:

Please return this form to Fr Gary at Inspire or directly to The Vicarage, Park Road, Hanslope, MK19 7LT