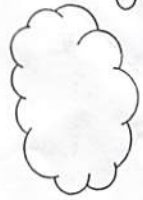


**power** plan

transfer

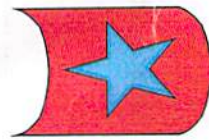
MOVE



think

Change

defend



speed

FEW



HOLY TRINITY  
WALLINGTON

Holy Trinity Church  
Holiday Club 2017

Presents



Tuesday 1st - Friday 4th August  
10 a.m. to 12.30 p.m.

See inside for more details.....

We would like to welcome youngsters currently in reception to year 6 to our holiday club this year!

There will be games, music, making stuff, watching and joining in. Y5 or 6? Would you like a film night on the 3<sup>rd</sup>?

**WHEN:** Tuesday 1st to Friday 4th August  
10.00 a.m. to 12.30 pm each day,  
Holy Trinity Primary School, Bute Road  
Wallington

On Friday, families are welcome to join us at 12.00 for our last activity and song. *Bring a picnic* to have on the field after ....  
We'll bring the ice cream!

**COST:**  
£10 per child for all four days! (Got 3 or more children? We will arrange a discount!) If money is too tight please speak to us...we will try and help out.

For more information please contact:

The church office on 020 8647 7605 or ronnie@htchurch.uk

Please return the registration and consent form to

The Church Office, The Trinity Centre, Maldon Road, Wallington, SM6 8BL a.s.a.p.

We will have limited space - we will confirm your place at the Club by Tuesday 25<sup>th</sup> July.

Full payment on the first day please in correct cash or cheque payable to Wallington Parish Church Holy Trinity.

*Hope to see you there!*  
*Ronnie and the team*

## REGISTRATION AND CONSENT FORM

(Please use a separate form for each child.)

Child's full name.....M/F

Date of birth..... School Year.....

Home Address..... Postcode.....

School.....

Friends also attending.....

Parent's/Guardian's name.....

Phone number.....

I give permission for our my details to be entered on the church database. Yes / No  
I give permission for photographs to be taken and used for publicity Yes/No  
Neither will be shared with any third party without permission.

### Emergency contacts

1)name.....tel no.....

2)name..... tel. no.....

GP's name and tel. number.....

Any known allergies/medical conditions/food intolerances .  
.....

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 appropriate first aid to be given by the nominated first-aider or suitably qualified practitioner. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary and for an adult leader to sign, on my behalf, any written consent required by the hospital giving treatment.

I understand that every effort will be made to contact me as soon as possible.

Signature of parent/guardian:.....

Date:.....