



St. Paul's Church, Tongham

'Making Waves'

27th July to 31st July 2009

10am to 1pm



Looking forward to the summer holidays?

Wondering how to occupy the children during those long weeks?

St. Paul's Church are holding a Holiday Club this summer called '**Making Waves**' for **Reception to Year 6** children involving 3 hours of non-stop music, games, Bible stories, drama, refreshments and lots more!

All the activities will take place in the grounds of St. Paul's, either in Old School, the church or the playground behind Old School.

Places are limited so make sure you get your application in fast! Please send your forms and payment to the **Revd Nick Williams, The Vicarage, Poyle Road, Tongham, Farnham, Surrey GU10 1DU.**

We look forward to seeing you at 'Making Waves'!

Revd Nick Williams

Priest-in-Charge, St. Paul's, Tongham

A few things to remember...

- **Friday Picnic:** On Friday, we invite you join your child/childrenjust bring a picnic at 1pm.
- **Good Practice:** If as a parent you would like to see a copy of our Policies, Procedures and Good Practice in the Care and Protection of Children, please ask when handing in the Registration Form.
- **Holiday Club T-Shirt** order form attached! Order now for start of Holiday Club! If you need more forms, please ask Nick or Karen.
- **Only £7.50 for the Whole week! Restricted places.....Book Now!**
(2 x children = £12, 3 x children = £15 in the same family)
Cheques made payable to 'Tongham PCC' please.

Payment must be made when handing in Registration Form to guarantee a place.



R E G I S T R A T I O N F O R M

NAME:		DATE OF BIRTH:	
ADDRESS:			
SCHOOL:		SCHOOL YEAR:	
CHURCH ATTENDED (if any):			
PARENT/GUARDIAN NAME:		PARENT/GUARDIAN CONTACT NO.:	
PARENT/GUARDIAN ADDRESS (if different from child address):			

PARENTAL CONSENT

NAME OF GP:

ADDRESS OF GP:

CONTACT NUMBER:

Please complete:

1. Is he/she taking any medication, which needs to be continued during the holiday club? **Yes/No**
2. Does he/she suffer any recurrent illness – asthma, hay fever, fits or faints? **Yes/No**
3. Is he/she known to be allergic or sensitive to anything (e.g. Penicillin, Aspirin, other medicines, food etc.)? **Yes/No**
4. I give my permission for photographs to be used for advertisement and on the website **Yes/No**

I give my permission for the child named above to attend and take part in the activities of the holiday club.

I authorise emergency treatment to be provided for my child should this be necessary during holiday club activities.

In the event of illness or an accident requiring emergency treatment, I authorise the Leader(s) to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my own signature is considered inadvisable by the doctor or surgeon concerned.

PARENT/GUARDIAN SIGNATURE:

DATE:

PARENT/GUARDIAN PRINT NAME:



'Making Waves'

T-Shirt Order Form

Please complete and return to the Holiday Club with your Registration Form. (We will endeavour to have the t-shirts ready to wear for the start of 'Making Waves').

The cost will be £5.50 each.

Name of child:

I enclose £5.50 for 1 t-shirt.

Size: (please tick)

Age 5-6	Age 7-8	Age 9-10	Age 11-12	Age 13-14

Signature:

(One form per t-shirt please)



Leader accepting
order to complete

Amount Paid	Initials

Cash / Cheque

Name of Leader: