



St Paul's Church Exploring Christmas

**Christmas Eve
Wednesday 24th Dec
10:00am start**

'Exploring Christmas' is open to all children from **Reception to Year 6**. The cost is £4 for each child attending. (Pre-school children aged 3 and 4 may attend accompanied by an adult)

May we encourage you to invite friends and family along and if you require more forms these can be downloaded from our church website – www.stpaulstongham.org.uk or alternatively contact the office on 01252 783180 or office@stpaulstongham.org.uk or message us on facebook – www.facebook.com/StPaulsChurchTongham for further information.

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

Please send your forms, with money, to the **Church Office, The Old School, Poyle Rd, Tongham, GU10 1DS**. Cheques made payable to 'PCC of St Paul's, Tongham'. Deadline for applications is Friday 14th December 2018.

Following Exploring Christmas we have our Crib Service, so please come with all the family to collect your child(ren), and then join us for this very special service:

Exploring Christmas: 10 am to 12 mid-day
Crib Service in church: 12 mid-day (with mince pies!)

Nicki Bunce
Children's Coordinator, St Pauls Church

Rev. Claire Holt
Vicar at St Paul's Church, Tongham

Please keep this letter to remind you of the details of the morning!

REGISTRATION FORM

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

NAME OF GP:

ADDRESS OF GP:

CONTACT NUMBER:

Please complete:

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| 1. Is he/she taking any medication, which needs to be continued during Exploring Christmas? | 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.)? Please note: we give out snacks during the morning
Details of allergy: _____ | Yes/No |
| 4. I give my <u>permission</u> for photographs to be used for advertisement and on the website | Yes/No |
| 5. I give my permission for emails to be sent regarding future church events | Yes/No |

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

I authorise emergency treatment to be provided for my child should this be necessary during the 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: