



The Heroes Academy Holiday Club
Holy Trinity Church
Tuesday 29th October – Sunday 3rd November

Please return the completed form to:
Holy Trinity, Church Office, Trinity Road, Chelmsford CM2 6HS

Registration Form

Name of Child Date of birth.....

Home Address

..... Phone Number.....

School Attended Year Group.....

Parent's/Carer's Details Please note: We will confirm your child's place at The Heroes Academy using these details.

Name of Parent

Email Address Mobile number

Emergency Contact Details

Please provide details of two emergency contacts below. This information will only be used to contact you in the event of an emergency relating to your son/daughter. Please ensure that you have permission from the person whose details you are including prior to handing in this form.

Full name Relationship to child

Phone number

Full name Relationship to child

Phone number.....

Extra Information

Please give details of any medical condition or other difficulty which could affect your child's participation in The Heroes Academy e.g. special educational needs, behaviour issues, asthma, diabetes, allergies, etc.

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Please circle which days your child will be attending The Heroes Academy

Tuesday 29 th October	Wednesday 30 th October	Thursday 31st October	Sunday 3 rd November	Sunday lunchtime BBQ*
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*Please note that all children must be accompanied by a parent or other responsible adult at the BBQ. All the family are invited to this event.

Photographs

We would like to use photographs of The Heroes Academy on our church website, on our Facebook page and projected in Sunday services. No other identifiable information, e.g. names, will appear alongside any photos used. Are you happy for your child to be included in these photos?

Yes, photos are fine No photos please

Data Collection

Data collected on this form will be used for the administration of The Heroes Academy and for ensuring the safety and well-being of children and young people in the group.

I hereby grant Holy Trinity Springfield permission to process my personal data for the purposes set out above. (To be signed by a parent/guardian if a young person is under 13 years old)

Signed..... Date.....

I hereby give permission for my son/daughter to take part in The Heroes Academy.

Signed..... Date.....

We would like to keep you informed of other church activities you and your family may be interested in, for example forthcoming holiday clubs and other events. Please tick the appropriate boxes below to give us permission to do this.

I would like to be contacted by:

Email SMS Telephone Post

Consent may be withdrawn at any time by contacting the Church Administrator. If you have a query about how your personal data is used by the PCC of Holy Trinity Springfield, please contact the Church Administrator at the church office on 01245 284663 or office@holyltrinityspringfield.org.uk.