



Shipwrecked Holiday Club

Holy Trinity Church

Wednesday 18th - Sunday 22nd February

Please return the completed form to:
Holy Trinity, Church Office, Trinity Road, Chelmsford CM2 6HS
or email office@holytrinityspringfield.org.uk

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 Shipwrecked 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 Shipwrecked e.g. special educational needs, behaviour issues, asthma, diabetes, allergies, etc.

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Please circle which days your child will be attending Shipwrecked

Wednesday 18 th February	Thursday 19 th February	Friday 20 th February	Sunday 22 nd February	Sunday lunch * Bring and Share
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*Please note that all children must be accompanied by a parent or other responsible adult at the Bring and Share lunch. All the family are invited to this event.

Photographs

We would like to use photographs of Shipwrecked 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 Shipwrecked 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 Shipwrecked.

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@holytrinityspringfield.org.uk.