

# KINGDOM KIDS CLUB

**1<sup>ST</sup> - 5<sup>TH</sup> AUGUST**

**CB:KIDS HOLIDAY BIBLE CLUB**

**6:30PM - 8:00PM**

**PRIMARY SCHOOL AS OF SEPT '22  
CARRICKFERGUS BAPTIST CHURCH**



# KINGDOM KIDS CLUB

Please bring this completed registration form on the first night your child attends.

Child's full name: ..... DOB: .....

Address: .....

..... Postcode: .....

## Emergency Contacts:

1) Name: ..... Tel No: .....

2) Name: ..... Tel No: .....

Please indicate medical conditions, allergies or special needs relevant to your child, any medication being taken and anything else that would be helpful for the leaders to know about:

## To be read and signed by a parent/guardian:

I confirm the above details are correct and I give permission for my child to attend the Kingdom Kids Bible Club.

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary. In the event of a medical emergency, leaders will endeavour to contact you as soon as possible using the contact telephone numbers given.

I give permission for the leader in charge to hold mobile phone numbers as a means to communicate during the week of the club.

All information given on this form will be kept securely and only used in connection with the Kingdom Kids Bible Club.

We would love to let you see what happens at the Bible Club and for this, we need your permission. I give permission for photographs/video to be taken of my child and be used on the church media online pages unless otherwise informed.

Signed: ..... (parent/Care Giver) Date: .....

If you would like us to contact you about other events happening at Carrickfergus Baptist Church please add your email address below.

Email: .....

