



St Marks **Avalon** & St Davids **Palm Beach**

ANGLICAN CHURCH

St Mark's School Holiday Kids Program

Booking Form

Child's details

Child's name (Given & Surname)	Age	School (eg. Avalon Primary)	Year (eg. Year 2)

Parent/Carer details

	Father	Mother
Name		
Home address		
Tel (h)		
Tel (m)		
Email		

Apart from yourself, please provide the names of any other person(s) authorised to pick up your child up each day:

Please provide details regarding any unusual custody issues: _____

Please provide an additional contact person if, in the case of an emergency, a parent/carers can not be contacted:

Name: _____ Tel. no. _____

Relationship to child (eg. aunt, friend etc): _____

Please provide your child's doctors name & phone number: _____



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Please answer the following questions:

- Does your child/ren have any special health or dietary needs that you think we should know about (eg. allergies, asthma etc)? If so, please provide details.

- Does your child/ren have any other special needs that you think we should know about (eg. learning or behavioural difficulties)? If so, please provide details.

- We would like to show the children a short audio-visual presentation of the things they've done during the week. This would be shown to the children at the conclusion of the program and then again at our 10am service on Sunday, to which parents are warmly invited. Are you happy for your child/ren to be filmed and/or photographed for this purpose?

Yes | No (please circle)

- Do you object to St Mark's Church keeping your contact details on a database for the purposes of contacting you about next year's holiday program?

Yes | No (please circle)

- Do you give your permission for your child to be taken off the St Mark's site (eg. walk to a nearby park) for the purpose of playing games & other activities?

Yes | No (please circle)

- Do you give your permission, and accept liability for the cost incurred, for ambulance and hospital care for your child in the event of an emergency, illness or accident?

Yes | No (please circle)

*Please sign & print your name here
in acknowledgment of your acceptance
of the above.*

Signature: _____

Name: _____

Date: _____

Note: Please return this Booking Form to the St Mark's church office (4 Kevin Ave, Avalon, 2107) by Monday 6th July.