**The Easter Experience!**

**At St Mary’s Church Rooms, Church Street, Chesham**

**What?** Great fun looking at the Easter story, through Bible stories, craft, games, music, quizzes

**When?** Good Friday, 30thMarch: 9.45am-12.30pm (Parents join us at 12pm)

**Where?** St Marys Church Rooms, Church Street, Chesham

**Who?** Any child, Reception – Year 6 (there are limited places available so please book early)

**What Next? *Please complete a form for each child you wish to register***

***and return to the address below***

**1) Child’s Details:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age on 30th March 2018 :\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of school attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / Guardian’s Details:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home ‘phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***For emergency use please also provide:***

Contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home/Mobile ‘phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2) Practical details:**

Parents/guardians are invited to join us at 12pm to join in the fun. If you are unable to come at 12pm please state below the name and ‘phone number of the person who will be responsible for your child for this part of the day and who will take them home:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ‘Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PTO**

**✂………✂………✂………✂** Please detach this part of the form and keep for your own records **✂………✂………✂………✂**

**The Easter Experience**

**Friday 30th March: 9.45am-12pm Children only; 12-12.30pm Adults join the fun!**

**St Mary’s Church Rooms, Church Street**

**3) Friends**

If your child would like to be in the same group as a friend of a similar age, then please indicate this below.

Name of friend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4) Photographs & Audio Recording**

We would like your permission to take photographs or video during **“The Easter Experience”** which may involve your child. These would be of general activities during the morning.

**Yes** **No**

**I agree to photographs and/or video of my child being taken:**  🞎 🞎

**5) Health**

In order for your child to have the best possible experience at **“The Easter Experience”** the leaders want to accommodate any needs your child has. Please give below any information which will enable us to do this. (e.g. learning needs, allergies, phobias, other physical problems, medication we need to know about)

|  |
| --- |
|  |

By signing this form, I agree to my child being given any medicine that he/she has brought with him/her, and give permission for one of the leaders to administer, or help to administer, this medicine.

In the event of an emergency, if I cannot be contacted, I give my general consent to any medical treatment judged to be necessary and urgent by a medical practitioner and I authorise the leader in charge to sign any document required by hospital or other authorities.

I understand that the information supplied on this form will be held in a database for administration purposes. I give explicit consent to details of my child’s health being held by leaders of “The Easter Experience”.

**Signature of parent/guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6) What now?**

Please return this form AS SOON AS POSSIBLE to: Miss Hannah Martin, 5 Farriers Way, Chesham, HP5 2FY, or by dropping it in to St Mary’s Church Annexe. (Messages can be left on 01494 784574)

You will be notified by email or telephone that your child has received a place.

*No more information will be sent out, so please detach the details below and keep safe!*

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**✂………✂………✂………✂** Please detach this part of the form and keep for your own records **✂………✂………✂………✂**

* Please arrive for the **“The Easter Experience”** at 9.45am. Each child should wear comfortable clothes and shoes. Weather permitting we may do one activity outside.
* Please could each child bring a shoe box with them to safely take home any craft or cooking items
* Please ensure that they bring any medicines that are needed (named, with instructions where necessary)
* Parent’s/Guardians are invited to come at 12pm to join the fun, we will finish at 12.30pm
* If you need to contact us urgently on the day, you can contact Hannah Martin on 07545 126089