

Do you have a friend you would like to be in a group with?

If so what is their name?

.....

Please leave valuables and money at home, as we cannot be responsible for their security.

**Face painting**

Are you happy for your child to have their face painted on the last day?

Yes  No

**Photos/Video**

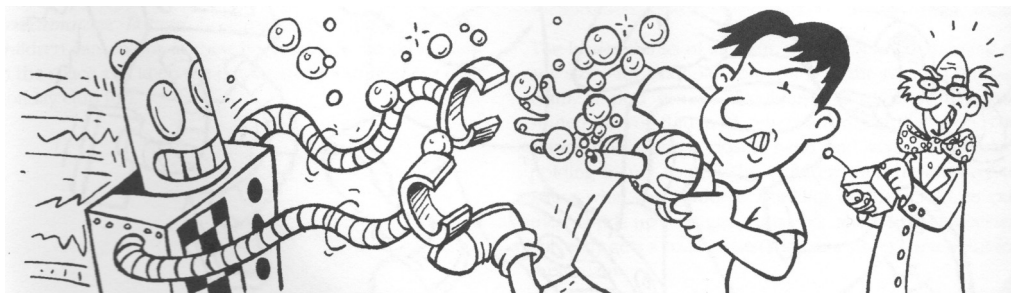
Photos and video will be made for publicity purposes. We cannot avoid your child being part of group photos. Are you happy for individual ones to be taken too? Copies will be available if you wish to purchase them.

Yes  No

**Church contact you**

Are you happy for us to store your details on a database? We may occasionally contact you to tell you about Church events & activities that we think may be of interest to you. We will not pass your details on to any other organisation.

Yes  No

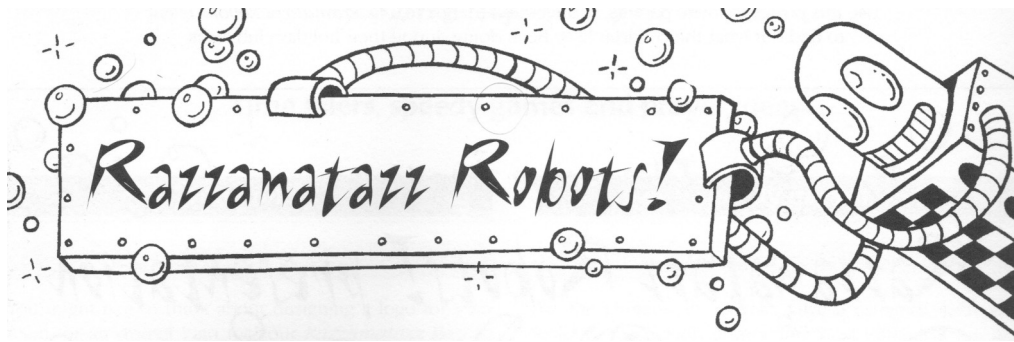


Come along to the  
**Razzmatazz Robots!**  
**Holiday Club**

at **Whitton Baptist Church**  
on **Mon 13th—Thurs 16th Feb**  
from **10am-12noon**

run by  
**WhittonbaptistChurch**  
Transforming lives for the glory of God

A large black and white illustration for a holiday club. It features a woman in the center holding a large birthday cake with a lit candle. She is surrounded by several whimsical robots with long, flexible arms and heads. The background is filled with bubbles and stars.



**Free of Charge!**

**School years: Reception to year 6**

- Games
- Crafts
- Bible stories
- Soap opera, acted out live by the teenagers of the church!
- Singing
- Puppet shows
- Lots of fun!

Please complete the registration form and

- post to 209 Highfield Road, IP1 6DH, or
- hand it in to the office at Whitton School, or
- bring the form along on the first day

All children signing up in advance WILL get a place!

Tel : Wendy Mason on 01473 434695 for more info.

## **Registration Form**

I give permission for my child to attend **Razzamatazz Robots Holiday Club**

Full name.....

Address.....

Home telephone number.....

Mobile telephone number.....

Date of Birth..... School year.....

School.....

Name and telephone number of GP.....

Details of any special needs, including allergies and medication

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**In the unlikely event of illness or an accident, I give permission for any necessary medical treatment to be administered by the nominated first aider, or by suitably qualified medical practitioners. Should my child require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital if I cannot be contacted. I understand that every effort will be made to contact me as soon as possible.**

**I confirm the above details are correct to the best of my knowledge.**

Signature.....

(Parent/ Guardian)

Print Parent/ Guardian name:.....

Date.....