



£15
per child
for the
week!

Book now through
St Luke's or
St Giles Churches

**30th & 31st Oct +
1st & 3rd Nov**



St Luke's Church
Gamston & Bridgford

Registered Charity 1132547

October Holiday Club 2019

Survivor is a Holiday Club full of dens, shipwrecks & fun. It is being run in partnership between St Giles' & St Luke's Churches, featuring Bible stories, drama, games, music, outdoor skills and refreshments... and special guest Bear Frills!!

Who is it for?

All children at primary school are most welcome -**everyone from Reception to Year 6**. Do bring a friend or come and make some new ones! We anticipate being oversubscribed (we always are!); therefore we regret that we can only take bookings for children who can make at least three of the four mornings.

Where?

At St Luke's Church, Leahurst Road, West Bridgford, NG2 6GL.

When?

Wednesday 30th October to Friday 1st November (10am to 12.30pm - doors open at 9.45am), and Sunday 3rd November at either St Luke's Church at 9:30am or St Giles Church at 10:30am.

Survivors Breakfast for the whole family

We would like to invite you all of you to a special Survivors Breakfast at St Luke's on the Sunday at 9:30am followed by a short service. There will be chance to see some of the things the children have made and view a video of what they've been up to.

Can I book in a child with additional needs?

Yes. Everyone is welcome. In order that your child feels supported & safe in our unfamiliar environment we ask that we meet beforehand to discuss their requirements and ensure our team are fully briefed.

How much will it cost?

£15 per child (siblings £12).

How do I book a place?

Please fill in and return the registration form (one form for one child – additional forms are available from the church office).

For further information

If you have any specific queries, please call St Luke's Church on *0115 974 5024*, or email *office@st-lukes-gamston.org*.

Registration and Consent Form

I would like to register my child for **Survivor! Holiday Club**.
Please complete a separate form for each child.

Full name of child _____

Boy Girl

Date of birth _____

School _____

School year _____

Additional needs (if any)

Allergies or condition(s) (if any)

Friend(s) your child would like to be in a group with (If possible we will put your child in a group with a friend, though this is not always possible)

Please complete both sides of this form and return with payment to:
St Luke's Church, Leahurst Road West Bridgford NG2 6GL
St Giles' Church Office, Stratford Road West Bridgford NG2 6BA

Cheques payable to St Luke's Church or payment can be made by Bank Transfer TSB 77-22-14 24549268 quoting 'Holiday Club your child's name'

Payment Enclosed Paid by Bank Transfer

Name of parent/guardian giving permission for child to attend:

Address

Postcode _____

Telephone _____

Email _____

Second/emergency contact name and mobile phone number if number above is unreachable

By signing this form you are confirming that you are consenting to the Parochial Church Councils of St Giles' Church and St Luke's Church holding and processing your personal data and that of your child for the following purposes (please tick the boxes where you grant consent):-
 To communicate with me regarding an urgent issue relating to my child while they are at the Holiday Club;
 To keep me informed about news, events, activities and services at St Giles / St Luke's
(Please delete St Giles or St Luke's if appropriate)

You can unsubscribe at any time, either by contacting admin@stgilesparish.com or office@st-lukes-gamston.org.

I consent to being contacted by post phone or email

To include my details in the electronic St Giles / St Luke's Address Book which can be accessed by staff members and a limited number of church members with church ministry responsibility.
(Please delete St Giles or St Luke's if appropriate)

We would like to take photos and videos during the Holiday Club. Do you consent to your child being included in such footage on the understanding that they will not be identified by name? Yes
No

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated First Aider. In an emergency, I understand that every effort will be made to reach me and failing that my nominated second/emergency contact. In such circumstances, I am willing for my child to receive hospital treatment. I confirm that the above details are complete and correct to the best of my knowledge.

Signature of parent/guardian

Date _____