

**ST JOHN THE DIVINE      ROLLESTON ROAD**

**Activity Days for 5-11 year olds**



**Thursday 31<sup>st</sup> August &  
Friday 1st September  
9.30-3.30pm @ St Johns Church  
Horninglow**

**No charge but booking is essential**

This event is organised by the youth workers at St John the Divine. The Clergy and Youth Workers at St Johns have DBS clearance in line with legal & Diocesan requirements. There is also A Policy for Safeguarding Children, Young People and Vulnerable Adults.

The Church will open at 9.30am for registration.

There will be a short celebration of their activities in church on Friday 1<sup>st</sup> September from 3.00pm, parents are invited to join us for this.

There is no charge

The children need to bring a packed lunch and a drink in a named bag, other drinks will be provided.

If your child wants to come and join in Summer Fun can you please fill in the booking form and return it as soon as possible to:

Mrs M Collier  
c/o St John's Vicarage,  
Rolleston Road, Burton on Trent

If you want any further information please telephone:  
Fr Michael Freeman 568613  
Mrs Margaret Collier 564074

*Please keep this side for information*

# BOOKING FORM

My child is able to attend on both days Yes/No

If the answer is No, please tick which day will they attend:  
Thursday      Friday

Name ..... Age .....

Address .....

.....

Email: .....

Contact phone number.....

Mobile phone number.....

Name of G.P.....

Any allergies or medical conditions we need to be aware of

.....

.....

My child will be collected by .....

*Please fill in the form overleaf as well.*

## Consent for Photography

I .....

(full name of parent /guardian)

grant St John's Church permission to take pictures of my

child ..... (full name)

for the purpose of Church information.

I understand that this information might be used online,  
printed in the Church magazine, or used in church displays.

I am aware that St John's will always ensure:

- the pictures used are respectful in their nature and appropriate/relevant to the activity promoted;
- that no link can be made between the image of my child and his/her full name (only first name will be used) in order to avoid personal information being displayed or accessed publicly.

Signed:..... Date .....

(Parent/guardian)

In the unlikely event of an accident, if I cannot be contacted,  
I give permission for any necessary medical treatment to be  
administered by a qualified medical practitioner.

Signed ..... Date.....

(parent/guardian)