

Junior Heroes Holiday Bible Club
 All Saints Church, Grove Road, Fishponds
 Monday 26th to Friday 30th July 2010

Songs and Games 😊 Craft Activities 😊 Fun for All

Uncovering unlikely heroes in unexpected places

We meet Samuel, David, Miriam, The Boy who Shared his Lunch and the Little Girl who Helped in this Bible-based club. Children will have the opportunity to join in lots of singing and fun warm-up aerobics, as well as tons of craft activities and indoor and outdoor games. There will also be time to relax with friends, to chat, think and wonder. A great way to start the summer holidays!

For children aged 4-11 years.

Registration will be at 9.30 in the Church
 and each session will end *promptly* at 12.30.

Places are limited and will be offered on a first come first served basis. We will contact you in writing by 10th July to confirm a place/places and we will include a more detailed information sheet. Please complete one form per child. Children will be grouped according to age. There is no cost for the Club but contributions are most welcome in the box provided.

Holiday Club Taster Event 3rd July at All Saints

We look forward to seeing you at this event between 10.00 and 12.00 at the church coffee morning where you can meet us, try out an activity and bring back your completed forms.

Junior Heroes Holiday Bible Club 26-30 July 2010

To book a place please complete and return this form by **3rd July 2010** to:
 Mark Gartside, EBP Office, St Mary's Church, Fishponds BS16 2JB

Full Name of Child					Age
Gender (please tick)	Male		Female		
Home Address and Phone Number					
Home Email Address					
Days Attending (please tick)	Mon 26	Tue 27	Wed 28	Thu 29	Fri 30
Contact 1: Name					
Relationship to child					
Home phone number					
Mobile phone number					
Contact 2: Name					
Relationship to child					
Home phone number					
Mobile phone number					
GP/ Contact Number					
Information about child's needs (allergies, behaviour, diet, medicines etc.)					

In the unlikely event of accident I give permission for first aid to be administered to my child. If I cannot be contacted I give consent for my child to be treated by a GP/hospital including treatment under general anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible and I certify that I am the parent/guardian and have responsibility to sign this consent form.

Signature _____ Date _____

Print Name: _____