**St Oswald’s Holiday Club 2024**

**Hold The Front Page**

**Holiday Club 2024 will be Wednesday 24 July to Friday 26 July**

**at St Oswald’s Church – Wed/Thurs 9.30-3pm Fri 9.30-1pm**

We are seeking young helpers to join us during Holiday Club. If you would like to come along for three rewarding and fun days, please complete the form below and return to Anne-Georgina in person or holidayclub@stoswaldschurch.org.uk as soon as you can. Thank you.

Name:

Address:

Telephone: Email:

**I can help** all week

**or** Wednesday AM /PM Thursday AM/PM Friday AM

This year we have taken the role of our young helpers to a new level. You will have the opportunity to lead our opening worship, assist with craft and games, compile the Daily Report and deliver the Final News Bulletin. If that wasn’t enough, you’ll be building Noah’s Ark and The Tower of Babel.

**I would prefer to help with** (please indicate as many as you like):

Children aged (approx.): 4½ - 6 6 – 7 8 -11

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Craft activities |  | Games |  | Reading Scripts |  | Singing |  | Dancing |  |

Other (please say what else you can do to help):

Would you like us the Holiday Club team to ask you about helping with future St Oswald’s Church holiday clubs or activities for children (even if you can’t join the team this time)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

Thank you – we will contact you again soon.

**To be completed by the parent / carer for young helpers aged under 18 years**

I give permission for to help with and take part in the activities to be organised at St Oswald’s Holiday Club 2024

My child will be brought to and collected from St Oswald’s Church Yes / No

My child has permission to travel to and from St Oswald’s Church without me Yes / No

I agree to my child’s photograph being taken during the club for possible use on the church website or church Facebook page and in the church archives Yes / No

**Medical details**

Details of any medical conditions or allergies:

Details of any special needs:

Details of any prescribed medicines:

If any medication is brought to Holiday Club, please ensure it is in a labelled container with clear instructions on how to administer it.

**Medical consent**

I understand that in the event of any illness or accident every effort will be made to contact me.

I give my consent to any medical treatment that may be necessary in the event of an emergency during Holiday Club.

Signature (parent / main carer)

Name (please print)

Address and email (if different from those shown on the front of this form)

Emergency contact name and relationship

Telephone

Any other contacts in case of an emergency

The personal data we collect will be used to process your application for a place at St Oswald’s holiday club.

Our legal basis for processing your personal data is to meet our obligations for safeguarding your child while in our care

We commit to securely store your data in electronic form