

**For further details about our children's activities
please contact:**

Margaret webinfo@allsaintskirbyhill.org.uk

Kirby Hill Church - Sunday Childrens Activities

Name(s) of child(ren).....

Date of birth

Address.....
.....

Home tel no.....

Emergency contact:

Name

Tel no

Relationship to child

Any medical problems and/or allergies we should be aware of:
.....

I would like my child(ren) to attend the *Trailblazers/ACTIV8
group at Kirby Hill School/Church.

I give my permission for the children's workers to accompany
my child(ren) from the school hall to the church at the end of
the Trailblazers sessions.

Signed (*parent/guardian)

Name (please print)Date

**please delete as necessary*