

**ST KANES CHURCH  
NEW DEER**

**Holiday Club**

for

P1- P7 Children

in

St Kane's Church Centre

12-16th Aug

(final week of holidays)

10am –12 noon

All children must be accompanied by  
a Parent /Guardian on the first  
morning for registration at 9.45am  
and collected each day by an adult at  
12 noon.

**Preschool children** welcome but  
must be accompanied by an adult.

To book a place please complete  
registration form inside and return to  
Mustard Seed Café, New Deer.

**Book early as places are  
limited. Visit website for additional  
registration forms (one per child)**

[www.stkanes.org.uk](http://www.stkanes.org.uk)

For further info call

Caroline Morrow 653 284

Fiona Penny 653 442

**COME AND JOIN IN THE  
FUN**

*Sports*

*Games*

*Live music*

*Face painting*

*Nail painting*

*Jewellery Making*

*Singing*

*Messy Cookery!*

*Bible Stories*

★ **Football Cage** ★

*Quizzes*

*Kids Tattoos*

**FOOD**

**LOADS OF PRIZES**

*and*



**Primary 6 & Older**

**Food for Youth**

**Same week 12th -16th**

**Aug**

**St Kane's Church Centre**



**Champions  
Holiday Club**

**Mon 12th – Fri 16th  
August**

**10AM – 12 Midday**

**St. Kane's Church**

**Centre**

**New Deer**

**FREE!**

Scottish Charity No. SC 007917

**Come Along For  
Loads of Fun!**



## New Deer Church Centre

**12<sup>th</sup>- 16<sup>th</sup> August**  
**10am- 12noon**

### Registration / Booking Form

*One form per child please*

**(To be filled in by the parent or guardian)**

Full Name of Boy/Girl .....

Date of Birth ..... Age at time of event .....

**PERMISSION**

I give my permission for my child to attend St Kane's Holiday Club.

I understand that in the event of any illness or accident, every effort will be made to contact me, but if this is not possible, I authorise a designated team member to sign on my behalf, any written form of consent required by medical authorities.

**Photo/video**

I **do not** want my child to be in photos/videos

**Tick box as appropriate**

☐

**MEDICAL  
DETAILS**

Name & Address .....  
of Child's Doctor.....

Doctor's Telephone Number .....

Details of any infectious disease with which the child has been in contact within the last three weeks: (e.g. chicken pox)

.....

Details of medicine/diet/treatment which is being taken / followed:

.....

Details of known allergies/sensitivities (e.g. foods such as eggs, or nuts):

.....

He/she **has / has not\*** been immunised against tetanus.

(\* Please delete as appropriate)

**NAME & ADDRESS OF PARENT/GUARDIAN DURING THE EVENT**

Name .....

Address.....

Telephone No .....

Mobile .....

Text/ Remind me of any future kids events

☐

Other Telephone No/s.....

Signed.....Relationship.....Date.....