St James' Church, Weybridge

Church Lane, Weybridge, Surrey, KT13 8DN
Telephone: 01932 856399
Charity No: 1130714. www.stjamesweybridge.org.uk
Email: info@stjamesweybridge.org.uk
Rector: The Revd. Father Damian Harrison-Miles, BTh.

THE CHURCH OF ENGLAND

Registration and Consent for Children

SPARKLING SUPERHEROES, 30th OCTOBER 2026, 9am – 4pm.

This form must completed as appropriate by the adult, or parent/carer of every child, wishing to attend this holiday club day of activities at St James' Church and Parish Centre, Weybridge. A cooked lunch will be provided as part of the day.
Please return this form to: safeguarding@stjamesweybridge.org.uk – thank you.

Inclusive Church

Family contact details:

Child's full name…… Date of birth ……

Full name of parent/guardian……

Home address…… Home Tel No……

Parent's/guardian's mobile ……Parent's/guardian's e-mail……

Family doctor …… School…… School year ……

About your child:

Does your child have any food allergies? (please specify) ……

Does your child have any medical conditions? (please specify) ……

Is your child on any medication? (please specify) ……

Does your child have any special needs? (please specify) ……

Is there anything else we should be aware of, or that you would like us to know about your child, their likes, dislikes, challenges?

.....

.....

Emergency contact details for parents/guardians:

Contact tel. no during group / activity time: ……..

Contact name for carer/ an alternative adult in case of emergencies: ……..

Tel no ……. Relationship to you/your child ……

Arrangements for collection *(please delete as appropriate)*

My child will be brought and collected from the group **Yes/No**

My child/will be collected by.....Relationship to you/your child.....

Name of anyone **NOT** allowed to collect my child .....Relationship to child.....

Password you would like to use for collection of your child ……..

Declaration

I give permission for……. (child) to attend and take part in Sparkling Superheroes.

In an emergency and/or if I am not contactable, **I am/I am not** (delete as appropriate) willing for my child to receive doctor, hospital or dental treatment including an anaesthetic.

Signed (adult/parent/guardian) ……. Date ……..……..

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent.

We take your data and privacy seriously. You can find our full privacy statement and data policy at www.stjamesweybridge.org.uk/privacy

Please return this form to: safeguarding@stjamesweybridge.org.uk – thank you.