** Registration Form**

Please complete one form per child in **BLOCK CAPITALS  
You only need to complete this form once each academic year**[**www.harpendenxsite.org.uk**](http://www.harpendenxsite.org.uk)

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| ***To book your child’s place at X:site please complete this form and return it ASAP.***  ***When you arrive, please ensure you are given a collection card for your child which will be needed by the person collecting your child (please help us to keep your child safe)*** |
| **CHILD’S DETAILS** |
| Child’s first name: Surname: Boy/Girl: (*delete one)* |
| School year: Child’s date of birth: |
| School: |
| Church/School/Christian Club your child attends if any: |
| One friend your child wishes to be in a group with: |
| Address: |
|  |
|  |
| Postcode: |
|  |
| **CONTACT DETAILS**  Home telephone: |
| Mobile telephone: |
| In emergency use: home / mobile/ alternative number if no reply *(Please delete)* |
| Details of alternative number: |
| Contact email address: |
| *(we may use this to inform you of future X:site events)* |
| **HEALTH** |
| Is there anything we should be aware of? For example allergies, asthma, special needs *(please complete additional SEN form if necessary)*: |
| What is the name and telephone number of your child’s doctor? |
|  |
| **COST**  *X:site costs £2 per child per event. If this is a problem do talk to us otherwise please enclose the fee with this form or bring on the night.*  Would you like to receive a grant towards covering the cost YES/NO (Please delete one) |
|  |
| **DECLARATION**  Name of parent/carer: |
| I declare that I am the person with responsibility for the child named in this form. I understand that the information provided in this form will be used by the X:site team to help them in fulfilling their roles in looking after my child in their care. I give permission for my child to attend X:site and to take part in all its activities.  In the unlikely event of an accident I give my permission for any necessary medical treatment to be given by the nominated first aider. In an emergency and if I am not contactable, I am willing for my child to receive hospital treatment including an anaesthetic (I understand that X:site will always try and contact me in the first instance).  I also understand that photographs may be taken at the event by team members or other staff and volunteers of Scripture Union. I understand that these may be used internally, in promotional material or on the X:site website. I understand that these photographs will not normally be of individual children but will be trying to get a taste of the event and activities.  Signed (Parent/ Carer) Date: |
| Would you like us to keep in touch with you about other events that may happen YES/NO (Please delete one)  **Please return this form: Email: harpendenxsite@gmail.com**  **Or X:site Registration, Parish Office, St Nicholas Church, Church Green, Harpenden AL5 2TP**  **Enquiries:** 07985 960703 or 01582 622862  SUlogoBW  Places for X:site may be in high demand. To guarantee your child’s place please return as soon as possible and by the closing date, usually 5 days before the event. |
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Scripture Union is a missionary movement working in over 130 countries to make Jesus known and to

help people to meet God daily through the Bible and prayer. **www.scriptureunion.org.uk**

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