

**ST KANES CHURCH  
NEW DEER**

**Holiday Club**

for

P1- P7 Children

in

St Kane's Church Centre

8-12th 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**

**NEW** ★

**Sports  
Space crafts  
Painting  
Games**

**Live music**

**Face painting**

**Nail painting**

**Jewellery Making**

**Singing**

**Messy Cookery!**

**Bible Stories**

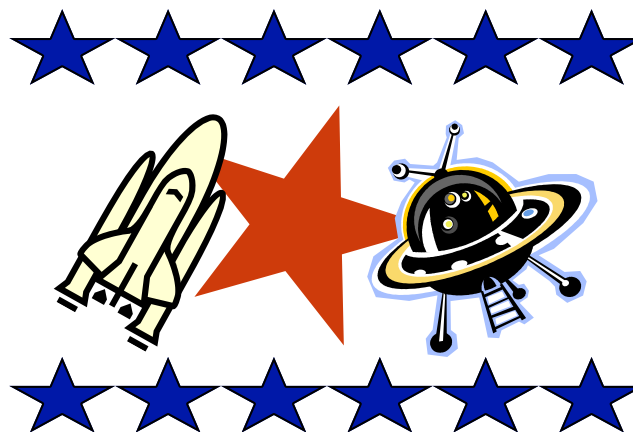
**Football**

**Quizzes**

**Kids Tattoos**

**FOOD**

**NEW** ★



**LOADS OF PRIZES**

**and**

**Tonnes of Fun for Everyone!**

**"SPACE" HOLIDAY CLUB**



**MISSION POSSIBLE!**

**Mon 8th - Fri 12th Aug**

**10am - 12 Midday**

**St. Kane's Church  
Centre  
New Deer**

**FREE!**

Scottish Charity No. SC 007917

**Come Along For**

**Loads of Fun!**

**'SPACE' HOLIDAY CLUB**



**MISSION POSSIBLE!**

**New Deer Church Centre**

**8th- 12th 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 .....

Other Telephone No/s.....

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