

# Make Lunch Registration Form



Please complete this form for children you'd like to attend Make Lunch: Stratford-upon-Avon. The United Reformed Church's data protection policy is displayed on the notice board in the Church. This data will not be shared with anyone else.

Child's details			
Child's name:			
Date of Birth:		School:	
Is your child entitled to Free School Meals (FSM) or do you consider your family to be on a low income?			Yes / No
How did you hear about us?			

Doctor Details	
Family Doctor:	
Address:	
Telephone number:	

Does your child have any medical conditions or allergies? Is your child on any medication? <i>We are unable to give any medication so please ensure that any medication is given before attending.</i>

Please provide us with any dietary requirements your child has. <i>Be as specific as possible</i>

Photo permission
Do you give permission for your child(ren) to have their photo taken? These images may be used for the promotion of Make Lunch: Stratford-upon-Avon.  <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be happy for images of your child to be used for the promotion of TLG Make Lunch, the national initiative that Make Lunch: Stratford-upon-Avon is part of? This may include on their social media channels, website or printed materials.  <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Details of Parent/Carer</b>			
We will use this information to keep you up to date with Make Lunch: Stratford-upon-Avon and to contact you in case of emergency			
<b>Name of parent/carer(s):</b>			
<b>Relationship to child:</b>			
<b>Address:</b>			
	<b>Town:</b>		<b>Postcode:</b>
<b>Telephone number:</b>		<b>Mobile:</b>	
<b>E-mail address:</b>			
<b>Will you be staying with your child at Make Lunch: Stratford-upon-Avon?</b>	<p style="text-align: center;"><b>Yes/No</b></p> If yes, please state any dietary requirements YOU have:		

<b>Please list other adults (16+ years) who you give permission to collect your child</b>	
<b>Name</b>	<b>Relationship to child</b>
<b>PASSWORD:</b> <i>(for use by other adults who have to pick up your child unexpectedly/at short notice)</i>	

**Consent:** I agree for the child(ren) on this form to take part in the activities of Make Lunch: Stratford-upon-Avon. I have given all the information I know about any health conditions, medications and allergies they have. Unless Make Lunch: Stratford-upon-Avon have been careless, it will not be responsible for any losses, damage or injury whilst the child(ren) attend Make Lunch: Stratford-upon-Avon.

<b>Signed:</b>		<b>Date:</b>	
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Make Lunch: Stratford-upon-Avon is overseen by Stratford Churches Together.