

St Mark's Church Reigate

Easter Holiday Club

Tuesday 7th & Wednesday 8th April

The St Mark's Church Easter Holiday Club will take place on **Tuesday 7th and Wednesday 8th April** between **9.30am and 2.15pm** in the St Mark's Church Centre, Alma Road. It is open to primary school children **aged 5 to 11 inclusive**.

The children will take part in a range of fun activities including craft, drama, music, games, baking, and group assemblies learning about bible stories. All families are then invited to join us for our **Good Friday family service at 10am on Friday 10th April**.

On both Tuesday and Wednesday registration **begins at 9.30am** and the children should bring a packed lunch. **PLEASE DO NOT ARRIVE BEFORE 9.30AM**. At the end of the day parents/carers should come to collect their children at 2.15pm and sign them out of the club. After this time parents/carers are responsible for their children until they leave the Church Centre.

There is a minimal charge of only £12 per child to cover the cost of materials over the two days. This amount does not however cover the costs of heating and the use of the church facilities. If you would like to make a donation towards these costs this would be greatly appreciated.

Please complete the registration form, place in an envelope marked 'Holiday Club' with the appropriate monies through the Vicarage door (8 Alma Road). (If you would like to pay by card this can be done in the church office Mon-Thurs 9am to 1pm.) Places are limited so please apply as soon as possible. The **closing date is Friday 20th March 2020** and you will receive confirmation of your child's place via email after this date.

Please contact Mel Crighton if you have any queries

Tel 07889 669819 or email stmarkseasterclub@gmail.com

St Mark's Church Easter Club 2020 Registration Form – One per family

Name of parents/guardians			
Address			
Telephone Home			
Telephone Mobile			
Email			
Emergency Contact Name			
Emergency Contact No			
Name, Address & Tel no of Doctor			
Details of Children Attending	Child 1	Child 2	Child 3
Christian Name			
Surname			
Male/Female			
Date of Birth			
School			
School Year			
Medical Information: Any known allergies or conditions			
I enclose a cheque payable to St Mark's PCC/Cash/have paid by card Total £ _____ which includes a donation of £ _____			
I consent to photographs of my child being taken for use in and around the church on noticeboards, on the church website or in the press on a no names basis.			Yes/No
I acknowledge that these details will be held securely in accordance with the St Mark's published privacy policy.			
Parent/Guardian's signature _____			Date _____