

Dear Parent/Carer,

Our children's Holiday Club this year is called **Mega Makers**. It is open to children aged **5-11** years (i.e. current school years reception to year 6). It will be taking place at **Christ Church Methodist**, 114 Lower Addiscombe Road, Croydon, CR0 6AD, from Monday 24th to Friday 28th July from 10 - 12.30 each morning.

Mega Makers will include games, craft, drama, team challenges, bible stories, quizzes and singing, but above all lots of fun.

Some of the games and craft may be messy, so please wear old clothes.

As places are limited, please book in as soon as possible to avoid disappointment. The **closing date** for applications is **Saturday 1st July**. If there are still places available after this date we may be able to accommodate your child/children.

We're keeping the charge for the week the same as last year which is £10 per child (£8 if you book by 31st May). To keep administration costs down no confirmation of places will be sent by post prior to the event. We are however able to email confirmation. Please make cheques payable to Christ Church Methodist Addiscombe Holiday Club.

Please complete the attached form and return it to the address on the form. If you have any queries, or to obtain more application forms please contact Gill Haslam Tel 8656 4610 (e-mail address: **HolidayClub@christchurchmeth.org.uk**). We look forward to seeing your child at "Mega Makers".

The week will conclude with a "Holiday Club on Sunday" all-age service on Sunday 30th July at 10.30 a.m. in which the children will share some of the fun of the week, followed by a barbecue lunch. We warmly invite families and friends of the children to join us on the Sunday for both these events.

The Holiday Club team

Registration form for **Mega Makers Holiday Club**Forms should be sent to Mrs G. Haslam, 113 Shirley Avenue, Croydon, CRO 8SQ to arrive by 1st July. **Places must be booked in advance.**

Cheques made payable to: Christ Church Methodist Addiscombe Holiday Club

PLEASE PRINT CLEARLY
Child's full Name
Date of birth Current school year (Sept 16-Jul 17 e.g.yr 3)
School attended:
Name of friend attending Holiday Club
Parent/Carer's full name (please print)
Full Address (including postcode)
Parent/carer's email address
Emergency contact person and phone number
Any known allergies or conditions:
Name of person collecting each morning (if different from parent/carer):Tel No.
Tel No
Days attending MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY PARENT'S CONSENT In the unlikely event of illness or accident I give my permission for any necessary medical treatment to be given by the nominated first-aider. In an emergency and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand that
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Please tell us how you heard about Holiday Club.....