



REGISTRATION FORM

Edenderry Methodist Carrickblacker Road Portadown Craigavon BT63 5AU

Childs Details:		
Name:		
Age:		
Address:		
Emergency Contact Details:		
Name:		
Relationship to child:		
Mobile:		
Home tel:		
Medical Information:		
Does your child suffer from any allergies?	YES	NO 🗌
Does your child suffer from any long-term medical		
conditions we should be aware of?	YES	NO L
If YES to any of above, please provide details below:		
Use of Photographs:		
Are you happy with your child being photographed for promotional publications on our Facebook page?	YES	NO 🗌
Signed:		