

**Peterborough  
Cathedral  
Holiday Club  
2016**

# CHAMPIONS CHALLENGE

**25TH - 29TH JULY  
10AM TO 3PM DAILY  
AGE 7-11 YEARS**



**PETERBOROUGH  
CATHEDRAL**

**Ready for Rio? Join the Cathedral team for a week of Olympic-themed sports and craft. Create your kit, mould your mascot, make some music, and much more as we celebrate and learn about the Cathedral, Jesus and His teammates.**

**So, get active, be noisy and have fun with us this summer.**

## **FIVE DAYS OF FUN**

Five days of fun and frolics based on Scripture Union's Champions Challenge materials but with a special Cathedral twist. Champions Challenge will be led by our experienced team of DBS checked staff and volunteers. It will be based in the new Visitor and Learning Centre in the Precincts, with lots of outdoor activities in the Cloisters and visits to the Cathedral itself.



# BOOK NOW

Simply email [hla@peterborough-cathedral.org.uk](mailto:hla@peterborough-cathedral.org.uk) or call 01733 355307 or complete and return the form below to: Judi Horspole, Heritage Learning Assistant, Peterborough Cathedral, Minster Precincts, Peterborough PE1 1XS, or email to: [hla@peterborough-cathedral.org.uk](mailto:hla@peterborough-cathedral.org.uk)

## Breakfast Club and Afternoon Club

\* We are looking into the possibility of providing a breakfast club (9-10am, £5) and afternoon club (3-5pm, £5). Please ask if you would be interested in this.

### Cost

£50 per child for the week. Bring a packed lunch.



## CHAMPIONS CHALLENGE BOOKING FORM

Peterborough Cathedral Holiday Club, 25th - 29th July 2016, 10.00am - 3.00pm

Please complete a separate form for each child.

Child's full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Full name of parent/guardian \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Tel \_\_\_\_\_ Parent's/guardian's mobile \_\_\_\_\_

Parent's/guardian's e-mail \_\_\_\_\_

GP's Name \_\_\_\_\_ GP's Number \_\_\_\_\_

GP's Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### DOES YOUR CHILD HAVE

any food or other allergies? (please specify) \_\_\_\_\_

any medical conditions? (please specify) \_\_\_\_\_

any medication? (please specify) \_\_\_\_\_

any special needs? (please specify) \_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_

## EMERGENCY CONTACT DETAILS FOR PARENTS/GUARDIANS

Contact tel. no during event \_\_\_\_\_

Contact name for an alternative adult in case of emergencies \_\_\_\_\_

Tel no \_\_\_\_\_ Relationship to your child \_\_\_\_\_

## ARRANGEMENTS FOR COLLECTION

My child will be collected by \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name of anyone NOT allowed to collect my child \_\_\_\_\_ Relationship to child \_\_\_\_\_

## BOOKING

It is recommended that children attend for the whole five days so that they can make friends and get the most out of the Holiday Club, but we recognise that some children may only be able to come for individual days. Please indicate here when your child will attend:

Holiday Club week, 25th -29th July, 10am-3pm (£50)	Monday	Tuesday	Wednesday	Thursday	Friday
*Breakfast Club (9am-10am, £5 per day)	[ ]	[ ]	[ ]	[ ]	[ ]
<b>HOLIDAY CLUB INDIVIDUAL DAYS (£10 PER DAY)</b>	[ ]	[ ]	[ ]	[ ]	[ ]
*Afternoon Club (3pm-5pm, £5 per day)	[ ]	[ ]	[ ]	[ ]	[ ]

## DECLARATION

I give permission for \_\_\_\_\_ (child) to take part in the Holiday Club at Peterborough Cathedral from 25th - 29th July 2016. I enclose payment of £ \_\_\_\_\_ I understand that payment is required to secure my booking.

Pay by cash, or cheques payable to Peterborough Cathedral, or by direct transfer to:  
Peterborough Cathedral, 20-67-37, a/c 60944017, ref: HC

I understand that he/she should bring a packed lunch every day except Friday when fish and chips will be provided.

I **agree/ do not agree** (delete as appropriate) for my child to have their photograph taken by Peterborough Cathedral for publicity purposes, either in print and online, in accordance with Peterborough Cathedral's Safeguarding Policy.

In an emergency and/or if I am not contactable, I **am/I am not** (delete as appropriate) willing for my child to receive medical treatment, including an anaesthetic.

Signed (adult/parent/guardian) \_\_\_\_\_ Date \_\_\_\_\_

*The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB: This may not include a foster carer).*

