Elevate Kids Camp 19-21 July 2023, 10:00am-12:00pm

Organised by Elevate Community Church

Name of Child/Children:		· · · · · · · · · ·	
Address:			
Class in School:			
	<i>lease list any special concerns we should be aw</i> n will be served different snacks and/or sweets e		I
Dietary Requirements:	Allergies:		
Medical Conditions:	Other Factors:		
	Permission to Attend:		
Name of Parent/Guardian:			
Address: (write "same" if same	e as above)		
	In Case of Emergency:		
Emergency Contact:	Telephone:		
Elevate's Child Protection Po follow Elevate's Code of Con- registration table and if you h	ved have agreed to work within the guideline olicy, and those participating in this event hav duct therein. This policy is available for you t have any questions please speak to the perso on to take part in the Elevate Kids Camp. I und on this form.	ve agreed to see at on in cha	d to the rge.
Signature of Parent/Guardian:_	Date:		
I am happy for my child to be in I wish to receive communication	ncluded in kids camp promotional photography: n about future events and activities:	Yes Yes	No No
	ity Church - South Circular Road, Limerick, V94 DFP1 info@ecclimerick.com - 086-8954490 tered Charity: RCN 20107680 - CHY 20402		