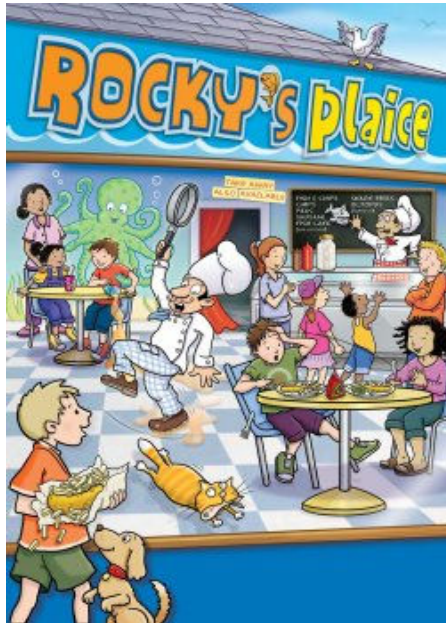


Aged 5-11?
Then come and join us for
Rocky's Plaice



“Chip Shop Church”

St Mary's Church Activity Week
Mon 26th July – Friday 30th July

Come & find out how God is with us
WHEREVER we are

Monday 26th to Friday 30th July

Rocky's Plaice Activity Week

If you are just finishing in years 1-6 at primary school then don't miss this fun-filled action packed week for children aged 5-11yrs.



There'll be songs, drama, DVD, activities, crafts, Outdoor games, and lots more!!!!

Numbers are limited, so **please** book early by returning the form opposite.

Mornings 9.45am – 12noon (Doors open 09.30am)

Afternoons 1.30pm – 3.45pm (Doors open 1.15pm)

Only £10 per child for the whole week

Also for all the family:



Saturday 31st July

Rockys Plaice BBQ

4pm – bangers and burgers for everyone! Free for all Rocky's Plaice members and families, book your places!

Sunday 1st August

Rocky's Plaice All Age Celebration

10.45am in Church – bring the whole family and see what's been going on all week.



Rocky's Plaice

- Pre-booking is ESSENTIAL
- **Please enclose a stamped addressed envelope.**
- Please indicate your preference of Morning or Afternoon sessions

Name.....

Date of Birth.....

Address.....

Current School Year.....

I enclose £..... (£10/child - cash/cheques payable to St Mary's Church Arnold)

Please indicate your preference MORNINGS / AFTERNOONS

Numbers for BBQ on Saturday 31st July

Numbers for All Age Rocky's Plaice service on Sunday 1st August.....



Please fill in both sides of this page, detach and return ASAP to: Rocky's Plaice c/o Anne Hill, 9, Wilson Close, Arnold. Notts NG5 6RJ (Tel. 9266554)

We need to seek permission to take photographs of the children at the Activity Week and to display them. No child's name would be displayed and no child will be photographed alone. If you are happy for your child/ren to be photographed please sign below. If you object please leave blank and speak to Anne Hill at the beginning of the week. Thank you for your co-operation.

I grant my permission for my child/ren to be photographed and the pictures displayed.

Signed Parent / Carer.....

If your child/ren are to be collected by anyone other than yourself or have been given permission to leave by themselves then PLEASE inform their Group Leader. Again thank you for your co-operation.

In the unlikely event of illness or accident I give 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 every effort will be made to contact me as soon as possible.

Signed Parent/ Carer.....Date.....

Child's Full Name.....

Emergency Contact name.....

Phone No.....

GP's name.....

Phone No.....

Any known allergies or conditions: