

# Babylon Adventure

Dear Parents

Does your child enjoy adventure? Then we invite them to come and join us at Farnham Baptist Church during the holidays for fun and adventure as we explore the life of Daniel!

From Monday 27<sup>th</sup> July to Friday 31<sup>st</sup> July 2009 we are running a holiday club called **Babylon Adventure**. **Babylon Adventure** is a fast-moving programme of games, crafts, drama, music and Bible stories. It's for children in school years R to 6 and will be held every day from 9.30 – 12.00. It's free of charge.

On the Friday, after parents have collected their children at 12 noon, we will have a picnic lunch with games (food will be provided). We shall then round off the week with a family service at 10.30am on Sunday 2<sup>nd</sup> August 2009.

If you would like your child to join in, please complete the form opposite and return it to us no later Friday 17th July 2009. Space is limited and places will be allotted on a first-come-first-served basis. We will reply, by e-mail when possible, to confirm that your child has been registered.

We look forward to seeing your child at **Babylon Adventure**.

*The Babylon Adventure Leader*

The Church Office  
Farnham Baptist Church  
The Hart  
Farnham  
Surrey  
GU9 7HA

Phone 01252 726830

# Babylon Adventure

## Registration Form

Full Name of Child(ren)

Date(s) of Birth

- 1..... M/F .....
- 2..... M/F .....
- 3..... M/F .....

Name of friend your child would like to be in the same group as (*same age please*)

.....  
.....

Address .....

.....Post Code .....

Phone.....Mobile.....

E-mail.....

Emergency Name & Contact No during **Babylon Adventure** .....

.....

(continued overleaf)

I will be collecting / authorise only \*.....  
to collect my child/children  
\*(please delete as applicable)

*PRIVACY STATEMENT*

*We require these details to administer the Holiday Club and offer future invitations. We do not share these details with others.*

GP's Name and Phone Number

.....

Relevant information you would like us to know (eg allergies, behavioural difficulties, special needs etc)

.....

.....

In the unlikely event of illness or accident, I give my permission for any appropriate first aid treatment to be given by the nominated first-aider. I understand that every effort will be made to contact me as soon as possible.

I confirm that the above details are correct.

Name of parent/adult with  
Parental Responsibility.....(printed)

Signature  
.....

*During the week your child may be photographed or videoed. Please contact us if this is **not** acceptable.*

# Farnham Baptist Church

*Presents*



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A HOLIDAY BIBLE CLUB PRODUCTION