

H. C. P. Booking Form (FAMILY)

A parent/legal guardian is to complete one form per family group.
If you have any queries please contact one of the group organisers:

Email: hcp@catholicassociation.co.uk

Telephone: Simon Gallop and Nicole Gallop Mildon 020 8770 0214

**Attach or email
PHOTO
for ALL people
listed**

Parental Home Address:

Postcode:

Diocese/CA group:

Hotel in Lourdes (if known):

Mobile (in Lourdes):

Email address:

Contact telephone number (before Lourdes):

CHILDREN REGISTERING WITH THE PROGRAMME: please complete one page 2 of form per child

First name	Surname	Gender	Date of birth	Religion
		M/F(<i>delete as appropriate</i>)		
		M/F(<i>delete as appropriate</i>)		
		M/F(<i>delete as appropriate</i>)		
		M/F(<i>delete as appropriate</i>)		
		M/F(<i>delete as appropriate</i>)		

Note: For first name, please give name used in brackets after first name if different.

ADULTS REGISTERING WITH THE PROGRAMME:

First name	Surname	Relationship with child(ren)

Note: Adults intending to **help** with the HCP need to request and fill in an HCP Helper's Form

I, _____, confirm that I appoint the above person(s) to be a responsible adult for my child(ren) for the H.C.P..

Dated: _____ (signature)

INFORMATION FOR

_____ (please print name of child).
[to be completed by a parent/legal guardian]

- Does this child have any allergies? (please list):

Does the child carry medication for any of the above allergies ?

- Does the child have any other medical complaint which you would like HCP to be aware of?

- Is there anything else, connected with the child's activities of daily living which you would like to inform us of?

- The child MAY/MAY NOT* receive squash.

- The child MAY/MAY NOT* receive biscuits.

- Helpers with the HCP MAY/MAY NOT* apply suncream to the child.

- What polo top size does your child wear? (children 4 years and older)

Size of uniform polo shirt required (please circle one):

Children sizes by age: 3-4 5-6 7-8 9-11 12-13

Adult sizes: S M L XL XXL

* Please delete as appropriate

Dated: _____

Signed: _____

Please **return forms** to: HCP
5 Kingslee Court
17 Worcester Rd
Sutton SM2 6PH

BY: **Friday 1st June 2012**

Complete one "page 1" per family group, and one "page 2" per child please.