



# Good Friday Club

Friday 19<sup>th</sup> April

**10am to Noon**

at

**Christ Church, Vale Square,  
Ramsgate**

**Bible Story, Games, Craft, DVD and  
Refreshments  
for 5-11 year olds**



# Good Friday Club

Why is it called GOOD Friday? What difference should it make to me? How can I get to know God?

Come and find out about Jesus' amazing love for you!


**Bible Story, Games, Craft, Singing, DVD, Refreshments**

The cost is £1 per child to help towards expenses. Please bring this with you to the church on the day. Places are limited and will be allocated on a 1<sup>st</sup> come 1<sup>st</sup> served basis.

For school children in Year R – Year 6.

All leaders are DBS checked.

Please contact Bridget Tizzard if you have any questions on 01843 853732 or email [bridgettizzard@christchurchramsgate.co.uk](mailto:bridgettizzard@christchurchramsgate.co.uk)



Peter Tizzard, Vicar



[www.christchurchramsgate.co.uk](http://www.christchurchramsgate.co.uk)

# CHRIST CHURCH CHILDREN'S GOOD FRIDAY CLUB 2019

Child's Name.....

Date of Birth..... Sex M/F

School.....

Class.....Year.....

## Details of any Special Needs (Educational)

.....  
.....  
.....

I give permission for my 8yrs+ child to return home unaccompanied (Tick)

## Medical details of the Child

If the answer to any of the following questions is YES, give details below.

Has the above named child ever been actively sensitive to Penicillin?

Yes/No

Does he/she suffer from any allergies?

Yes/No

Does he/she carry any medication that needs to be taken regularly?

Yes/No

Does he/she suffer from a condition or illness requiring regular treatment?

Yes/No

.....  
.....  
.....

I do/do not give permission for my child:

..... (full name) to have their photograph taken during Good Friday Club 2019 for possible use in a display at church or on the church website. PTO

**Consent**

I agree that the above named child may take part in the Christ Church Good Friday Club 2019. I understand that, while involved, he/she will be under the control and care of the group leaders, and that, while the staff in charge of the group will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the Club.

In the event of illness or an accident requiring emergency hospital treatment, I authorise the leaders to give consent to treatment.

Signed.....

Relationship to child.....Date.....

Name.....

Telephone for emergencies.....

Address.....

.....

.....

Email address (please print clearly, so we can confirm your child has a place and remind you in the school holiday):

.....

Detach form and return either to Priory Infant School, Christ Church Junior School (if your child is at that school), or directly to Claire Ward at Christ Church, Vale Square or Bridget Tizzard at 24 St. Mildred’s Avenue, Ramsgate, Kent, CT11 0HT.