PARENT/GUARDIAN'S DETAILS	CORNERSTONE CHURCH
NAMESURNAME_	
ID/PASSPORT NUMBER:	Programme and the second secon
EMAIL ADDRESS:	
PHYSICAL ADDRESS:	
MOBILE NUMBER: PHONE NUM	BER:
ALTERNATE EMERGENCY CONTACTS:	
Name: Relationship: F	Phone:
Name: Relationship: F	Phone:
CHILD'S DETAILS	
NAME: SURNAME: _	
DATE OF BIRTH/ AGE:	
GENDER: Male  Female	
	grade <b>2018</b>
SCHOOL:ALLERGIES:	ZV10
ALLENGIES.	
MEDICAL INFO/DIETARY REQUIREMENTS	
WIEDIO/IL IN O/DIE //ICC NEWENTO	
INDEMNITY:	
I, (F	PARENT/GUARDIAN)
HEREBY DO NOT HOLD CORNERSTONE/HOLIDAY CLUB	
LOSS OR DAMAGE TO MY CHILD OR HIS/HER BELONGIN	
HOLIDAY CLUB.	NOO BORRING THE WEEK OF
HOLIDA TOLOD.	
SIGNATURE DATE	GOD - FUN -GAMES
DATE.	

N.B: Children will need to be accompanied by an adult on the first day. Preferably the parent.