DATA PROTECTION Statement

form you are confirming that you are consenting to the PCC of St Mary the Virgin, Dedham and St Mary's Church, Ardleigh holding and processing data for the following purposes (please tick the boxes where you grant consent):-
I consent to the church contacting me by $\ \ \Box$ post $\ \Box$ phone \Box social media or \Box email
[please tick which are appropriate)
To keep me informed about news/events/activities and services (you can unsubscribe at any time). Y/N
To include my details in the 'church directory' which is circulated to Church Members. $\ensuremath{Y/N}$
To share my contact details with our fundraising, pastoral and church ministerial teams to keep me informed of events/news/activities and services in the Parish which are relevant to me. Y/N
Signature
Date

Your Privacy is important to us, and we want to communicate with you in a way

which has your consent and is in line with UK law on data protection. By signing this

Please tick any of the boxes above to grant consent, where you do not grant consent we will not be able to use your personal data; except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm. Full Privacy notice is available to read on www.dedham-and-ardleigh-parishes.org.uk or from the Parish Office. You can withdraw or change consent at any time, all processing of your personal data will cease once withdrawn but this will not affect any personal data that has already been processed prior to this point.





Ardleigh and Dedham Parishes present

Secret Agents Holiday Club

Monday 29th July to Friday 2nd August

From 9.30am-12.00 at Dedham Church for children at Dedham and Ardleigh Primary Schools (Years R to 6)

We'll be playing games, making crafts and exploring the amazing story of Joseph from the bible

Numbers are limited and will be offered on a first come first served basis

For more details contact stmaryda@gmail.com

or call 322136

Dedham and Ardleigh Parishes

Secret Agents Holiday Club

Personal Registration and Consent Form

Please complete one form in FULL for each child

Child's Details

First Name	Surname	
	School Name	
Date of Birth	and Year	
	Group	
	Family Doctor	
Home Address	(Name &	
	Address)	
Phone Number	Email Address	

Does your child have any food allergies or dietary needs?	No	Yes*
*If yes – please give details:		
Does your child have any medical conditions? *If yes – please give details:	No	Yes*
Is your child taking any medication? *If yes – please give details:	No	Yes*
Does your child have any special needs? (Including Special Educational Needs, Disabilities or any other special requirements) *If yes – please give details:	No	Y es*
Is there anything else you would like us to know about you/your child? *If yes – please give details:	No	Yes*

Parent/Guard	lian/Car	er Details						
First Name			Surname					
Home Address			Phone Number					
Email Address			Mobile Phone Number					
Emergency	Contact	t Details						
Full Name			Relationship to Child/Adult					
Address			Phone Number					
			Mobile Phone Number					
Full Name			Relationship to Child/Adult					
Address			Phone Number					
			Mobile Phone Number					
Arrangement	s for Co	llection (please delete	as appropriate)					
My child will/w	rill not b	e brought to and collected	from the church.					
My child will be	collected	d by :						
,	rmission	to travel to and from the	group without me. Yes	No				
Declaration								
I give permission for to attend and take part in the activities specified above.								
In an emergency and/or if I am not contactable, I am/I am not (delete as appropriate) willing for my child to receive medical treatment from a doctor, hospital or dentist, including an anaesthetic.								
Full Name					Date			

Signature