



Living Family Retreat Registration Form

St Patrick College (St Mary Building) 1 Tullyheron Road, Maghera, Derry

11th June 2017

Family Surname:	
Parents'/Guardians' Names:	

Children's Information			
	Child's Name	Age	Allocated Group
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Contact Details	
Parents'/Guardians' Contact Numbers:	
Email:	
Postal Address:	

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To be completed at Registration

I am the parent/guardian of the child(ren) named above and I consent to his/her/their involvement in the relevant children's activity group appropriate for their age.

I understand that their involvement will require compliance with diocesan safeguarding policies and procedures of which I have been made aware.

I have informed the group leaders of any medical conditions, special needs, allergies and dietary requirements that my child(ren) has/have.

Parent/Guardian signature: _____

Date: _____