

Juice



FREE!

Juice it up!
Get on over for:

- Music
- Challenges
- Crafts
- Fun Exercises
- Drama
- Big Screen Entertainment
- Games
- Snack Supper
- Tuck Shop (items under £1)

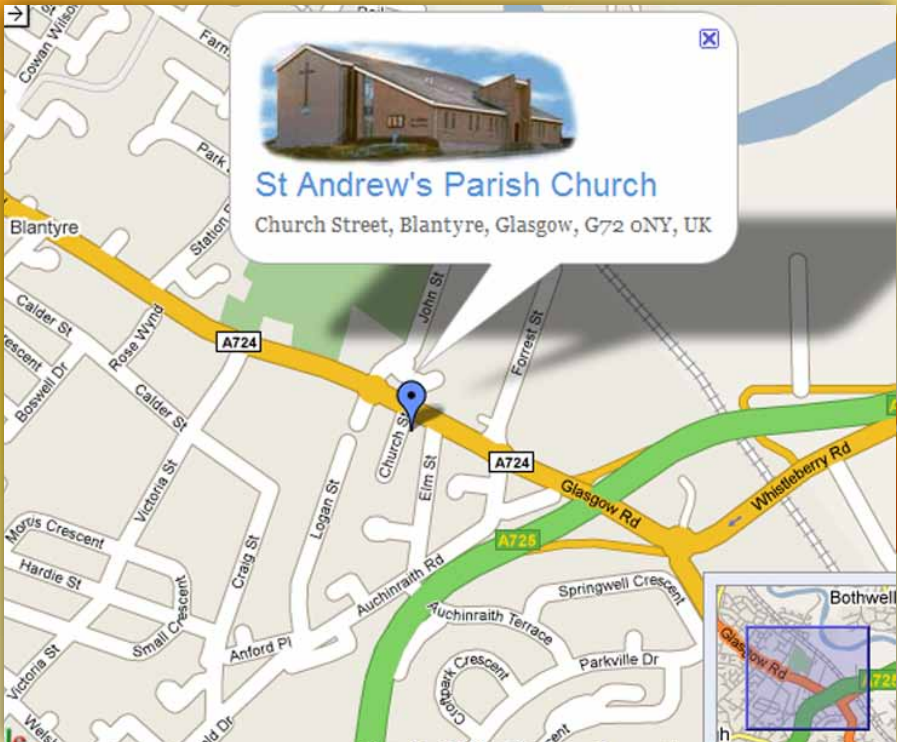
WHO
Primary 4 – 7

WHEN
First Saturday of the month
(starts 3rd October 2009)
5 – 7 p.m.

WHERE
Nazarene Hall
Elm Street
Blantyre
(behind St Andrew's Parish Church)

Where to go

The Nazarene Hall is conveniently situated just behind St Andrew's Parish Church, on Elm Street in Blantyre, near to Asda. There is parking available behind the hall.



What to know

Juice is a new children's event organised by volunteers from local churches in Blantyre. It is for all Primary 4-7 children.

We would appreciate you letting us know if your child(ren) are coming in advance. Please complete the Permission Form and send the form to the address below or bring it with you on the night.

Address: St Andrew's Parish Church
Church Street, Blantyre, G72 0NY

Contact: Carolyn Johnston

Email: carolyn.johnston@standrewsblantyre.com

Phone: 01698 327958 (office) or 01698 828633

Web: www.standrewsblantyre.com

Permission Form

Please fill in this form so we have details of your child. Use one form for each child. Extra forms can be printed from the website.

Child's Full Name	Male / Female
School attended and Church attended (if any)	Date of Birth
Child's Address	Phone
Parent's / Guardian's Full Name	Phone
Parent's / Guardian's Address (if different)	
Email address (to keep you informed about future events)	
Emergency Contact Name	Phone
GP's Name	GP's Phone
Please add details of any regular medication, medical problems (e.g., asthma, epilepsy, diabetes, allergies, dietary needs, etc.), or disability which may affect normal activity:	
I give permission for my child's photo to be taken during the activities and used in future publications (e.g. church magazine)	Yes / No
I confirm that the above details are complete and correct to the best of my knowledge. In the unlikely event of illness or accident I give permission for any necessary medical treatment to be given by the nominated first-aider. In an emergency and if I cannot be contacted, I am willing for my child to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.	
Parent's / Guardian's Signature	Date



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www.standrewsblantyre.com