

**Marian Mission Educational & Family Support Centre**  
Positive Holiday Club

**PARENTAL CONSENT FORM**

**School:** \_\_\_\_\_ **Refugee/Asylum seeker: Yes / No**  
**Address:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Gender: M / F**

**Name of Pupil:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_ **Class/Form:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_ **Ethnic Origin:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Religion:** \_\_\_\_\_

**Tel:** \_\_\_\_\_ **Mob:** \_\_\_\_\_  
**Email:**.....

**CONSENT/DECLARATIONS**

I consent to my child/ward taking part in the activities outlined ..... Yes No  
I consent to my child's/ward's details being kept on a database  
as a requirement of attending the programme ..... Yes No  
I consent to the using of any photos/film footage for the purpose of  
positively promoting the activities ..... Yes No  
I understand that any photos/film footage may be used in internally  
produced literature or displays by the LBWF or Marian Mission  
or in their website, national, regional or local media for a maximum  
of 2 years ..... Yes No  
I consent to my child/ward travelling by minibus/bus/Train ..... Yes No  
I consent to my child/ward going home by him/herself ..... Yes No  
I will pick up my child/ward from the activity at the return time ..... Yes No  
I reserve the right to instruct the LBWF or the Marian Mission to cease using the photos/film  
footage in any material at anytime

**RESPONSIBILITY OF THE PARENT/GUARDIAN:**

The parent/guardian **is responsible** for ensuring that:

- His/her child/ward attends each session and arrives on time.
- His/her child/ward understands that any rules and instructions given by staff must be followed, particularly our No Smoking Policy.
- His/her child/ward brings his/her packed lunch daily.
- His/her child/ward does not use his/her mobile phone at the setting.

\*\*\* I agree to attend the Parents / Staff Association (PSA) meetings to discuss the progress and promotion of services offered to my child and other children.

**Name of the Parent/Guardian:** ..... **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Time:** 9am – 5pm or as agreed with individual parents