Registration Form (2017/18)

**Young Person’s Details**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B \_\_\_\_\_\_\_\_\_\_\_

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year group \_\_\_\_\_\_ Church (if any) \_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Details**

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*We will use this information to contact you with information regarding the group – if you do not wish to receive this please tick* \_\_\_\_\_

**Useful Information**

Does your child have any allergies, medical conditions or special educational needs we should be aware of? Yes/No

*If yes please give details*

Please also provide any other information we should know about your child below

**Emergency Contacts**

1st Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2nd Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Collection Arrangements**

My child will be collected from the group by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

I give permission for my child to travel home by themselves

**Declaration**

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the above group and take part in the specified activities.

I *give/do not give* permission for photographs to be taken of my child to be used for Church publicity, social media accounts and internal publications.

Signed (Parent/Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_