


<u>Registration and Consent Form</u> Youth and Children at Holy Trinity		LH2 (5-8s)
Child's Details		
Child's surname:	Sex: Male/Female	
Child's first name(s):	Date of birth:	
Child's preferred name(s):		
Full postal address: <div style="text-align: right;">Post code:</div>		
School attended:		
Parent's/Carer's details		
Parent's/Carer's surname:		
Parent's/Carer's first name(s):		
Full postal address (if different from above): <div style="text-align: right;">Post code:</div>		
Landline:		
Mobile:		
Email:		
I give permission for my child's and my details to be entered on the church database. Yes/No		
Child's medical information		
Doctor's name:	Doctor's telephone number:	
Any special dietary requirements:		
Any known allergies or conditions:		
Is there any additional information that would be helpful to us while we are caring for your child?		
<p style="text-align: center;">Now please complete the reverse of this form.</p>		

Emergency details (please give details of someone who could be contacted in the event of you not being available)

Name:

Telephone numbers:

Landline:

Mobile:

Relationship to child:

I confirm that the details given are complete and correct to the best of my knowledge.

In the unlikely event of illness or accident I give permission for any necessary first aid to be given. In an emergency and if I cannot be contacted, I am willing for my child to receive hospital treatment if necessary. I understand that every effort will be made to contact me as soon as possible.

Parent's/Carer's signature:

Date:

We sometimes take videos and photographs of the children taking part in activities. Please put an 'X' in this box if you do not wish us to take videos or photographs of your child.

x

Update (for church use only)

	Start date	Finish date	
Creche			
Lighthouse 1			
Lighthouse 2			
Lighthouse 3			

Any additional notes:

We will never sell your data and we will keep your details safe and secure.