



Children's Registration form

ONE APPLICATION PER CHILD

Child's information First Name Surname Surname
Address
DOB School year Boy or Girl (Please circle)
School attending
Service attending 9.15am 10am 11am Messy Church
Parent/s (or guardian/s) information First Name Surname Relation to child Do you live at the same address as the child? Yes No (If no, please write it on the back of this form)
Emergency contact (different to above) First Name Surname Relation to child Surname Email No Wood William Wood Wood William Wood Wood William Wood Wood Wood Wood Wood Wood Wood Woo
Medical information Does your child suffer from any disability, illness or allergy (e.g. asthma, peanut allergy) which we need to know about? If yes, please give details Yes No
Will any medication be required while in the care of St. Giles' and St. George's (e.g. inhalers)? If yes, please give details Yes No
Does your child have any special needs or preferences that we should know about to help us care for them?
Permission for videos and photos I give consent for photos/videos taken at activities to be used in print and online to promote church activities. Your child will not be named Yes No
Parental consent I give permission for Ashtead PCC to hold and process my family's personal data for the purposes of ensuring my child's safety and wellbeing and to communicate with me regarding activities. You can withdraw or change your consent at any time by contacting the Parish Office at parish.office@ashteadparish.org . I give my consent to any medical treatment that may be required in an emergency. I will inform the Children's and Families leader of any changes to the medical information supplied. Tick here to give consent
Parent/ Guardian name Signature:
Date: