

INSERT NAME OF CHURCH

## YOUTH & CHILDREN'S GROUPS: REGISTRATION FORM

My child is/wishes to become a member of the following group(s) at St. ....:

*(please circle)*

### **INSERT NAME(S) OF GROUPS**

**Child's Name:** ..... **Date of Birth:** .....

**School attended:** ..... **Year:** .....

#### **Parents/Guardians:**

**Name(s):** .....

**Address:** .....

**Day-time contact number(s):** .....

**Evening contact number(s):** .....

**Email:** .....

#### **Medical:**

**Name of GP:** ..... **NHS Number:** .....

**Address of Practice:** .....

**Telephone:** .....

Does your child take any medicines regularly, or have any allergies, disabilities or medical problems that we should know about? NO

YES: .....

.....

Occasionally, we may take photos of children's activities for use only in parish publications or on our Church website. Do you mind photos of your child being used in this way?

YES / NO

I am happy for these details to be entered into a database, on condition that they will only be used in connection with the Youth and Children's Work of this parish.

Signed .....parent/guardian