Child registration form

Details of Child / Young Person

Name *(Please underline the name the child is called by)*..

Date of birth……………………………………………………

National Curriculum year group (please tick)   Year 2 ☐

Year 3 ☐

Year 4 ☐

Year 5 ☐

Year 6 ☐

School………………………………………………………………

Contact Details

Name of Parent / Guardian……………………………………………………………………………….

Address……

……….

Parent / Guardian's Home number. …………………………………………………………………..

"   Work number………………………………………………………………………………

"   Mobile number……………………………………………………………………………

"   Email address……………………………………………………………………………….

A close relative / friend's number *(Please give their name and relationship)*………………………………

……….

Health

Whilst in our care it is important that we know whether your child:

- Suffers from any allergies………………………………………………………………………
- Is on any medication…………………………………………………………………………….
- Has any condition we should know about…………………………………………………..

………………………………………………………………*(Please continue on a separate sheet if necessary)*

- Has additional special needs that you would like to discuss with us…………

……….

Please also tell us of any relevant likes, dislikes or fears your child has………………

……….

Please list any special dietary requirements……………………………………………………….

……….

Date of most recent tetanus immunisation……………………………………………………….

Registered GP's name………………………………………Telephone…………………………….

Address………………………………………………………………………………………………………

Parental consent

I give permission for my child to participate in the kids club Launch Pad and activities, at Northwood Hills Evangelical Church, Northwood and to take part in any organised on-site activities such as sports/games etc.

If it becomes necessary for my child to be given urgent medical treatment and I cannot be contacted by telephone or by any other reasonable means to authorise this, I hereby give my general consent to any medical treatment judged to be necessary and urgent by a medical practitioner and I authorise the leader in charge to sign any document required by hospital or other authorities.

Signed……………………………………………………………………Date…………………….....

<u>Photography and filming</u>

There may be an occasion during Launch Pad that we would like to either photograph or film the children doing something that would be used for publicity e.g. advertising to newcomers or on the church's website. Please indicate below your preference and provide a second signature.

I do/do not [delete as appropriate] give permission for photography or film to be taken of my child.

Signed……………………………………………………………………Date…………………….....

You will always maintain the rights to view and request removal of ALL photographic or video content of your child/children.