

# Under 18's Registration Form

PLEASE PRINT USING CAPITALS

## Parent/Carer details:

\* Name: ..... Gender: .....

\* Address: .....

..... \* Postcode:.....

Mobile Phone: ..... Home Phone: .....

Email: .....

## Children

Please write the names of your children (ages 0-17) below:

**We request dates of birth to ensure children are placed in the right groups.**

1. .... DoB (dd/mm/yy) .....

2. .... DoB (dd/mm/yy) .....

3. .... DoB (dd/mm/yy) .....

4. .... DoB (dd/mm/yy) .....

**Please provide any relevant Medical Information (e.g. allergies/special diet) or Special Education Needs that we should be aware of, indicating which child this refers to:**

I agree to my son/daughter being a member of \_\_\_\_\_ (please fill in group name)

Photographs/Media are sometimes taken during activities and used **internally** (e.g. display boards, slideshows). **If you are happy** for photos/media of your child(ren) to be used this way, please tick here

Photographs/Media are sometimes taken during activities and used **externally** (e.g. website, outside noticeboard). **If you are happy** for photos/media of your child(ren) to be used this way, please tick here

If you have a child in school yr 6 or above, please indicate if you are happy for them to make their own way home. YES  NO

I authorise St Nicolas Church to consent to any urgent medical treatment my child(ren) may require. I understand every effort to contact me would be made.

*The data you have provided here will be held on the St Nicolas Church database and is accessible only by authorised staff and leaders with in the church ministry and used to contact you when relevant with child/youth updates. We will only use this information for internal purposes and for activities relating to St Nicolas Church.*

Signed .....

Dated .....