

Registration Record for Children's Activities

To be completed annually for all children and young people attending a church-related group or activity (one-off and regular).

Church group Please tick all groups which apply to your child

TODDLERS PRAISE		<input type="checkbox"/>				
ST JOHN'S SUNDAY SCHOOL		<input type="checkbox"/>				
ST MARY'S SUNDAY SCHOOL		<input type="checkbox"/>				
Please circle	Creche	Little Stars	Twinklers	Sparks	Flames	
	6m – 2 ½	2 ½ +	Reception	Yr 1- 2	Yr 3 – 6	
CHILDREN'S CHOIR		<input type="checkbox"/>				
CLUB ROCK (Yr 3 – 6)		<input type="checkbox"/>	ROCK SOLID (Yr 7 – 11)			<input type="checkbox"/>
CONFIRMATION CLASS (Yr 7 – 11)		<input type="checkbox"/>	YOUTH FELLOWSHIP (age 12 – 18)			<input type="checkbox"/>

Some of the following activities will apply: **TEACHING, STORIES, CRAFT, GAMES / FREE PLAY, SINGING, GOING OUTSIDE, DRINK/FOOD, MOVING BETWEEN BUILDINGS, any off-site activity will use a separate consent form**

Family Contact Details

Child's Full Name.....Date of Birth.....

Name of parents/guardian: Mobile number

Name of parents/guardian: Mobile number

Home Address:.....

Post code:..... Home Tel.

Home email:

School School year Group

About your Child

Whilst your child is in our care it would be helpful for us to know whether he/she suffers from any allergies, is on any medication or whether there is anything else you would consider important for us to know, e.g. does your child have any special needs? If they have any phobias?

- Does your child have any food allergies? (Please specify)
 - Does your child have any medical conditions? (Please specify).....
 - Is s/he on medication? (Please specify)
 - Does s/he have any special needs? (Please specify)
 - Is there anything else you would like us to know about your child?
 - Family doctor's name, address and telephone number
-

P.T.O

Emergency Contact details for parents/guardians

Contact name for an alternative adult in case of emergencies:

Contact telephone number during group or activity time:

Relationship to Child:

Arrangements for Collection (please delete as appropriate)

My child will be brought and collected from the group Yes/No (Please delete as applicable)

S/he will be collected by Relationship to child

Name of anyone NOT allowed to collect my child (if applicable)

For children aged over 11 years

My child has my permission to travel to and from the group unaccompanied Yes/No

Parent or Guardian's consent

I agree to my child attending the above group and taking part in the specified activities.

I give my permission for the Parish of Walton on Thames to keep both written and electronic records on my child. YES NO

From time to time we take photographs for use in Parish publicity this might include use on the website, social media, noticeboards and general Parish publicity. Please indicate if you give your permission for any pictures of your child to be used. YES NO
If you require further information please contact Mandy on mandy@waltonparish.org.uk.

I agree that the leaders may keep me informed of church activities by sending out information and church publicity of events. YES NO

Declaration

I give permission for my child to attend the above group and take part in the specified activities.

Signed (Parent/Guardian) Date

Sent to Mandy for database Entered into database Filed in register

Copy sent to other group leaders: Carol Caroline Robyn Club Rock Rachel YF