

Child/ Young Person Registration Form for Groups/Activities

*to be completed/updated at least annually for all children and young people attending
a church-related group or activity (one-off and regular).*

Name, Day and Time of Activity:

.....

Child's full name..... **Date of birth**:..... **M / F** circle

Contact details:

Full name of parent/guardian parent/guardian.....

Home address.....

.....

Home Tel. No: Parent's/guardian's mobile:

Parent's/guardian's e-mail

Who has parental responsibility for this child?

School School year

Emergency contact details for parents/guardians:

Contact tel. no. during group or activity time:

Contact name for an alternative adult in case of emergencies

Tel no Relationship to child.....

About your child:

Does your child have any food or other allergies? (please specify)

.....

Are there any medical conditions the leaders should be aware of? (please specify)

.....

Is your child on any medication? (please specify).....

.....

Does s/he have any additional needs? (please specify).....

.....

Is there anything else you would like us to know about your child?.....

Arrangements for collection (midweek groups only): *(please delete as appropriate)*

My child will be brought and collected from the group Yes / No

S/he will be collected by.....Relationship to child.....

OR:

S/he will be collected by..... Relationship to child.....

Name of anyone NOT

allowed to collect my childRelationship to child.....

Permissions: *please tick all boxes where you are happy to grant consent*

Photographs: I give permission for photographs of my child to be displayed on the Church premises /notice boards /website/ & other promotional materials

Toileting (creche children if applicable): *I give permission for my child to be taken to the toilet and assisted if necessary .Or-* I would prefer you to come and get me if my child needs the toilet (* delete as necessary)

Toileting (Adventurers): If your child needs the toilet during the session would you like us to come and get you? *YES (my child needs help) *No (can go with a leader waiting at the hall door)

For children 11 and over: My child has permission to travel to and from the group without me

I am happy to be contacted: by phone: by email by post

This section for 14-18-year olds (CYFA Group) only:

Travel: I give permission for my child to be transported to and from CYFA activities/events in the vehicle of a CYFA Leader or another CYFA member /parent/guardian in accordance with St John’s safeguarding policy:

Contact with your child: Understanding that my son/daughter uses social media to communicate, I give permission for the CYFA leaders to communicate with them through this medium

Declaration

I understand the nature of the activity the above-named child is engaging with and give permission for him/her to attend and take part in the specified activities.

Signed (parent/guardian) Date

Print Name:

Re-sign following updating of form:

Signed (parent/guardian)Date

Signed (parent/guardian)Date

Signed (parent/guardian)Date.....

Data Protection: The information above will be processed in accordance with the GDPR (2018). Full details of our privacy notice can be found on the Church Notice Board and website. Your data will be used for official Church business only and will not be passed to a third party.
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