



Christ Church Surbiton
Children's and Youth Ministry
Registration / Consent Form



Please complete clearly in BLOCK LETTERS. One form per child/young person please.

Child/Young Person's Details

Full name of child: _____

Date of birth: _____ M/F: _____

Child's address: _____

_____ Postcode: _____

School: _____

Who has parental responsibility for the child/young person?

A

B

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Address (if different from above): _____

Address (if different from above): _____

_____ Postcode: _____

_____ Postcode: _____

Home Telephone no: _____

Home Telephone no: _____

Mobile no: _____

Mobile no: _____

Email: _____

Email: _____

Medical Information

Registered GP/Doctor's Surgery: _____

Address: _____

Telephone no: _____

Please Turn Over and complete other side

Medical Information continued ...

Whilst in our care, it is important that we know of any medical issues that could affect your child. Please give details of any:

- allergies: _____

- required medication (indicate if carried with child): _____

- health condition or disability that we should know about: _____

To ensure continued appropriate care of my child, I understand that I should inform the Children's Pastor, as soon as possible, of any change in medical circumstances.

Declaration (Please note that this declaration can only be signed by those with parental responsibility)

	Yes	No
I give permission for the child named in this form to participate in the normal activities of the children's programmes of Christ Church as delivered on the premises and in the local area.	<input type="checkbox"/>	<input type="checkbox"/>
In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment, including anaesthetic.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that photographs/videos that include my child may be taken at Christ Church activities, and agree that such photos may be used in church publications (e.g. newsletter, displays, website, etc.) Please note that your child's name will never be published alongside any photographs.	<input type="checkbox"/>	<input type="checkbox"/>
I consent to the data provided in this form being used by Christ Church to contact me regarding my child and any relevant events at Christ Church.	<input type="checkbox"/>	<input type="checkbox"/>

Parent/guardian's name (print): _____

Signature: _____ Date: _____

Please use an additional sheet to provide any other information that might help us as we look after your child. Additional sheets will need to be signed and dated.

Thank you for completing this form. All the information will be kept confidential.

Please return this form to: Children's/Youth Pastor, Christ Church, 8 Christ Church Road, Surbiton, KT5 8JJ

For office use only

Reference Number: _____	Notes: _____
Date received at CC office: _____	Date entered on to database: _____