

Registration Form – to be completed annually for all children and young people attending church groups.

Child's Details

Full name

Address

Telephone number

e-mail

Date of Birth

School

School Year Group

Church group

This group meets between 7pm and 9pm on Friday evenings

for the following activities The Point - Games, bible study, discussions

Whilst your child is in our care it would be helpful for us to know whether he or she suffers from any allergies or phobias or is on any medication. Is there any thing else you would like us to know so that we can care for your child as well as possible? Any special needs?

Family doctor's name and address

Parent or Guardian's details and consent

Telephone number of a friend in case of emergencies

My child will be brought and collected from the group.

Yes/No

My child has my permission to travel to and from the group without me.

Yes/No

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

Signed

Date