



Children's Registration form	ONE APPLICATION PER CHILD
Child's information First Name	Surname Surname
Address	
DOB Boy or Girl (Please circle)	
Sunday Service attending 9.15am 10am 11am Messy Church Toddler group attending Little Flames The Ark Oasis	
Mobile  Email  Do you live at the same address as the child? Yes	wrname Relation to child No (If no, please write it on the back of this form)
	Relation to child
Who attends the group with the child?	
Medical information  Does your child suffer from any disability, illness or allergy (e.g. asthma, peanut allergy) which we need to know about?  If yes, please give details Yes No	
Will any medication be required while in the care of St. Giles' and St. George's (e.g. inhalers)?  If yes, please give details Yes No	
Does your child have any special needs or preferences that we should know about to help us care for them?	
Permission for videos and photos I give consent for photos/videos taken at activities to be used in print and online to promote church activities.  Your child will not be named Yes No	
Parental consent I give permission for Ashtead PCC to hold and process my family's personal data for the purposes of ensuring my child's safety and wellbeing and to communicate with me regarding activities. You can withdraw or change your consent at any time by contacting the Parish Office at parish.office@ashteadparish.org. I give my consent to any medical treatment that may be required in an emergency. I will inform the Children's and Families leader of any changes to the medical information supplied.  Tick here to give consent  This form must be sent letted and signed by the parent or legal quarties of the shill not a shill made (Normy etc.)	
(This form must be completed and signed by the parent or legal guardian of the child- not a childminder/ Nanny etc.)	
Parent/ Guardian name	
Date:	