



<p>For Office Use Only</p> <p>Form received: ____/____/____</p> <p>Main Location: _____</p> <p>School Year: _____</p>
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**KIDS CHURCH, DOLLINGSTOWN
2013/2014 REGISTRATION FORM**
(ALL SECTIONS MUST BE COMPLETED BY PARENT OR GUARDIAN)

I give permission for my young person to attend the ‘ **Kids Church**’ and participate in its programme.

TIME: SUNDAYS 10.00am – 11.20am

LOCATION: DOLLINGSTOWN: ST SAVIOURS (Adult must accompany child in church)

Please complete a separate form for each individual child using **BLOCK CAPITALS**.

Anything written on this form will be treated in confidence

Full name: _____

Name by which you choose to be known: _____

Address: _____

Postcode: _____ Date of birth: _____

Who has parental responsibility?

Name: _____ Relationship: _____

Address (if different from above): _____

Telephone: Home _____ Mobile _____

Email: _____ (For correspondence regarding Madkids)

If unavailable contact - Name: _____

Telephone: _____ Relation to child: _____

Medical Information

Childs registered GP: _____

Telephone number: _____ Practice name: _____

Whilst in our care it is important we know whether your child:

Suffers from any allergies **YES/NO** _____

Is on any medication **YES/NO** _____

Has any health condition or disability that we should know about **YES/NO**

Declaration

I will inform the leaders of any important changes in my child's health, medication or needs and also any changes to our address or to any of the phone numbers given above.

I give permission for my son/daughter to take part in the normal activities of this programme.

I understand that while involved he/she will be under the control and care of the group Leader and/or other adults approved by the church leadership and that, while those in charge of the group will take all reasonable care of the young people they cannot necessarily be held responsible for any loss, damage or injury suffered by my young person during, or as a result of the activity.

In the event of illness or accident, I give permission for first aid to be administered where considered necessary by a trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.

If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent required by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

During the time your child will spend with us, photographs may be taken for general church purposes and for this we need your permission. **On signing this form we will assume you have given your permission for your young person's photograph to be taken unless otherwise informed.**

I confirm that the above details are correct to the best of my knowledge.

Signed: _____ **Date:** _____

(Parent or adult with parental responsibility)

Please note that those with parental responsibility can only sign this declaration (eg. This does not include a foster carer)

www.madkids.co.uk

Please complete and return to Diane Bailey within 14 days of receiving this form