

# Saint John's Evangelical Church

## Kid's Club Registration Form 17/18

### Basic Details:

First Name:	
Surname:	
Middle Name (if Applicable):	
Date of Birth:	
Gender (Erase as appropriate):	Male / Female / Other / Prefer Not to Say

### Your Address:

Address Line 1	
Address Line 2	
Town/City	
Postcode	

### Parent/Carer and/or Emergency Contact Details:

Name of Emergency Contact:	
Relationship to Child:	
Telephone Number:	
Email Address:	

*We have members of our team who are first-aid trained. In the event of your child needing first aid attention, we need to acquire your permission to allow us to administer first aid if needed. If you are willing to give us permission to do this, please sign below.*

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**Collection of Child/Permission to Leave:**

To ensure the safety of the children who come to our Kid's Club we need to know whether the child will be collected, or if they are allowed to leave the Kid's Club on their own after each session has taken place. With that in mind, please complete the following section.

<b>Will Your Child Be Collected?</b>	
<b>If Yes, by Who?</b>	
<b>Their Contact Number:</b>	

If your child is allowed to leave on their own, we also need consent for this. If you consent to your child leaving on their own after each session, please sign below.

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**Medical Information:**

Does your child have any medical conditions, or take any medication that we should be aware of e.g. Astham, Epilepsy, Diabetes, or Other Allergies?

Yes

No

If yes, please give details below:

Would you consider your child to have a disability?

Yes

No

If yes, please give details below:

**Consent to Take Part in Activities:**

To allow your child to take part in these activities, we need your consent. Also on occasion we may run events external to the normal venue of **Saint John's Evangelical Church**, if we do this we will inform you before the event takes place. We may also film or photograph aspects of the Kid's Club to use in promotional material, such as promotional images for our website. In order to take part in our programme, or to be involved in any additional events, and for your child to be filmed/photographed we need your consent. If you agree to any (or all of this) please tick the relevant boxes below, and sign at the bottom of the page.

*I give my consent to my child taking part in the regular Kid's Club programme.*

Yes

No

*I give consent for my child to take part in off-site activities, on the basis of being notified prior.*

Yes

No

*I give consent to my child being filmed/photographed for the purpose of publicity.*

Yes

No

*Your Signature to Confirm This:*

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*The information recorded on this consent form will be recorded on a database for reasons of contact and administration. If you object to any of this information being recorded on our database, please tick the box below.*

*I object to my child's information being stored on St. John's database:*