

Registration Form for On-Site Group Activities

Parish Church of _____

Before a child may take part in activities organised through the church, we need to register certain information. Please answer the following questions.

Please complete the form in **BLOCK CAPITALS**

Name of child _____ **Date of Birth** _____

Contact details

Name(s) of Parents/Carers _____

Address _____

_____ Post code _____

Telephone numbers: Home _____
Work _____
Mobile _____

If different from above, other parent/carer:

Name(s) _____

Address _____

_____ Post code _____

Telephone numbers: Home _____
Work _____
Mobile _____

Health and dietary information

Please give details of:

1. Any Allergies your child has

2. Any medication your child takes regularly

3. Any medication your child is allergic to

4. Any special dietary requirements?

5. Any special needs or disability?

Signed (Parent/Guardian/Carer*) _____

Name (Block Capitals) _____ Date _____

(*Delete as appropriate)

Please return the completed form to _____ (leader)

At (address) _____

_____ Post code _____

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For the information of the Parent/Carer

Name of group _____

Leader _____ ☎ _____

Minister in Charge _____ ☎ _____

The group meets at (time) _____ on (day(s)) _____

At (venue) _____

☎ _____