



Youth and Children's work Registration Form

Child - Basic info

Date of registration (this will need to be renewed at least annually): _____
Child's full name: _____ Child's DoB: _____
School: _____ Current school year: _____

Parent/guardian info

Parent's name: _____
Address: _____
Postcode: _____
Contact phone number: _____ Mobile: _____

Parental Consent

- I am happy for my child (named above) to be involved in youth/children's activities at Castlehold Baptist Church. I acknowledge the need for obedience and responsible behaviour on their part. I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
Signature: _____ Date: _____
- I give parental consent for my child to appear in photographs that may be taken by leaders from time to time, and understand that such photos may be used in church publicity (including the church website, the County Press, fliers etc).
Signature: _____ Date: _____
(Photographs will never be linked with a child's name, and leaders will never store photos of children on their mobile phones)
- I give parental permission for church youth leaders to contact my child by email, texts and via social networking sites - and to know their mobile number and email address.
Signature: _____ Date: _____
(this is only relevant if your child is secondary-school aged. Leaders will never communicate via digital/electronic means with a child who is primary-school age.)

Contact info

In some cases a child is brought to a church group or activity by someone other than a parent or guardian (eg a younger child who is brought to Sunday School by a grandparent or carer). Please give details below of the best person to address information and paperwork about the group to, **should that be different from above:**

Name: _____ Relationship to child: _____
Address: _____
Postcode: _____
Contact phone number: _____ Mobile: _____

Information we should know

Please give details of any dietary requirements or food allergies your child has:

Behavioural/learning difficulties

Please advise us of any behavioural or learning difficulties your child has, or any other special needs we should be aware of: _____

Medical info

Please give details of any allergies or medical conditions that your child has which require medical treatment and/or medication: _____

Elastoplasts and medicine

Is your child allergic to any medication (including elastoplasts): _____

Family Dr.

Please give details of your child's registered doctor:

Name: _____ Phone number: _____

Address: _____

_____ Postcode: _____

Emergency contact details:

If you cannot be reached, please give details of another person to contact in case of an emergency:

Name: _____ Relationship to child: _____

Address: _____

_____ Postcode: _____

Contact phone number: _____ Mobile: _____

Signed (parent or legal guardian): _____ Date: _____