



REGISTRATION / CONSENT FORM *ONE CHILD PER FORM*

CHILD'S FULL NAME:			SEX:	Male / Female
ADDRESS:			POSTCODE:	
			SCHOOL YEAR: (AT START OF SEP 2017)	Yr1 / Yr2 / Yr 3
SCHOOL:			DOB: / /
KNOWN DIETARY ISSUES:				
KNOWN ALLERGIES OR MEDICAL CONDITIONS: <small>(please give details of medication and dosage required if relevant)</small>				
PARENT / GUARDIAN'S NAME:				
LANDLINE PHONE:		MOBILE PHONE:		
ALTERNATIVE EMERGENCY PHONE NUMBER:				
EMAIL:				
GP'S NAME:		GP'S NUMBER:		
AUTHORISED ADULTS FOR COLLECTING CHILD <small>(please supply names of adults, other than the parents / guardians, who may collect your child)</small>				
PASSWORD FOR COLLECTION <small>(only used when confirming identity of pick up adult – ensure adults picking up your child know this password)</small>				

Data Protection (GDPR)

In accordance with our data protection policy, we will hold all data safely and securely for administration and safeguarding purposes required. We will not permit photographs, video or other images of children to be used without consent of the parent / guardian. Kids Klub will follow its data protection policy guidance for the use of photographs and personal details, a copy of which is available on request and also available on the church website. All steps will be taken to ensure personal details and images are used for the sole purposes they are intended.

Please tick this box if you consent for your child's image to be used for internal and external publicity

Please tick this box if you wish to receive information regarding future events at St John's Church

First Aid / Hospital Treatment

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by the nominated first-aider. In an emergency, and if I cannot be contacted, I am willing for my child to be given hospital treatment, including anaesthetic if necessary. I understand every effort will be made to contact me as soon as possible.

I confirm that the above details are complete and correct to the best of my knowledge and I will communicate as soon as possible if there are any changes.

I consent to my child attending Kidz Klub.

Parent / Guardian's Name:

Signature: Date:

Please tick: I am enclosing £8 for the term

PLEASE RETURN TO KEVIN METCALFE VIA ST JOHN'S CHURCH OFFICE OR THE SCHOOL OFFICE