



Frimley Baptist Church

Registration and Consent Form for ages 0-5

NB: The information on this form will be kept securely in the Church Office, which is locked. It will not be shared with others who do not have a legitimate interest and it will be used solely for the purposes of the group attended. You have the right to see what information is held on your child and to ask for it to be removed or amended at any time. The form will be kept for three years after your child leaves the group after which it will be destroyed.

Group attended: **Glo-Worms** ☐ **Sparklers** ☐

Full name of child:

☐Male / Female ☐

Name by which child chooses to be known:

Nursery / School:

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Home Address:

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Telephone number(s):

	Postcode:	
	Date of birth	/ /

With whom does the child live?

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Relationship to child:

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Who has parental responsibility for the child?

Name:

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Address (if not the same as above):

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Postcode:

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Telephone nos:

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Email: (please print)

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Alternative person to contact:

Name:

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Telephone number(s):

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Relationship to child:

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PTO for medical info and consent...

Medical information:

Child's registered GP

Name:	
Address:	
Telephone:	
National Health Number	

Please state date of last anti-tetanus injection (if known) / /

Does the child suffer from any allergies? (e.g. medicine, food, insects...) Yes ☐ No ☐

(If yes, please give details.)	
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Does the child have any medical conditions about which we should be aware? (e.g. asthma, fits, migraine, epilepsy) Yes ☐ No ☐

(If yes, please give details.)	
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Does the child have any disability about which we should be aware? Yes ☐ No ☐

(If yes, please give details.)	
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Is the child taking any medication? Yes ☐ No ☐

(If yes, please give details.)	
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Please provide details of anything that may help your child settle into the Group

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CONSENT		
A drink (water or juice*) and snack (breadstick or biscuit*) will be provided. Do you consent to your child being offered these? (*Delete what not applicable if there are preferences.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consent to photos being taken of your child for local display or publicity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consent to unnamed photos being used on the church website?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In an emergency, if I cannot be contacted, I give permission for my child to receive first aid or necessary hospital treatment, including anaesthetic.		
Parent/Guardian to sign and print name:		
Date		

Please note that this declaration can only be signed by those with parental responsibility