



Frimley Baptist Church Juniors

REGISTRATION FORM

Please complete clearly in BLOCK CAPITALS

Child's Name

Date of birth of child _____ / _____ / _____ Age: _____ School Year: _____

Parent/Full-time Carer's Name:

Relationship to child: Parent: _____ Full-time Carer : _____ Please tick as applicable

Any medical conditions / food allergies
that we need to be aware of :

Any Special Needs we should be
aware of:

Contact Address (inc. post code)

Contact number (preferably mobile)

Email address (please print clearly)

Emergency name, tel. No and relationship
to child (please provide someone local)

How did you hear about us?

Can we use unnamed photographs of your
child on our website / Facebook page
when illustrating FBC Juniors? Yes _____ No: _____ Please tick as applicable

Information about our other groups/activities is available in the church foyer.

Signature:

Date:

FBC collects this information to enable us to run our group safely and to ensure we can contact you (or other nominated adult) in case of emergency. The information is stored securely and you have the right to see what we hold at any time.