

St Chad's Church



Youth Registration Form

Please complete both sides of the form

Child's Name:.....Male/Female

Known as

Address

.....**Postcode**

Date of Birth **School Year**.....

Does your child have any allergies/medical conditions/additional needs/dietary needs? If so please give details (*continue overleaf if necessary*) **Yes/No**

.....

Parents/Carers Name/s
.....

Contact phone number (mobile please)

Email

I give permission for my child to attend and take part in activities of the Youth and Children's work at St Chad's Church.

I give permission for my child to travel to and from the group without me **Yes / No**

At our groups we occasionally take photos. These photos are used to publicise our groups and names of young people are never put next to the photos. Please tick the boxes below if you give permission for photos of your child to be used for:

- Church website – www.stchads.church
- Youth & Children's Facebook Page – Ignite Youth & Luminate Kids Ministries
- Church Facebook Page – St Chad's - Chadwell Heath
- Church Publications (Advertising/Annual Report etc)

P.T.O

As part of our communications we send out regular information to parents to inform them about group activities and dates. Please tick the appropriate boxes below to give us permission to do this.

I would like to receive information about *Please tick all that apply*

- Youth and Children's Work events Other Church events

I would like to be contacted by *Please tick all that apply*

- Email Text

In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a first aider and emergency hospital treatment to be administered in the case where I cannot be contacted and where this is advised by a medical professional.

- Yes No

I will inform the leaders of any important changes to my child's health, medication or needs and also of any changes to our address or to any of the phone numbers given above.

I agree

Data collected on this form will only be used for Youth and Children's work at St Chad's Church, Chadwell Heath. St Chad's Church Privacy Policy can be viewed at <https://www.stchads.church/privacy-policy>

If you have a query about how your personal data is used by St Chad's Church please contact Sarah Haler (data protection lead) in the church Office.
email sarah@stchads.church

Consent may be withdrawn at any time by contacting the group leader.

I grant the PCC of St Chad's Church permission to process my personal data for the purposes set out above.

Signed Date

Relationship to the child- Parent/Guardian

My child is involved in: *Please circle all that apply*

Elevate
(Sunday morning)

IGNITE
(Monday Evening)