

# Under 18's Registration Form

PLEASE PRINT USING CAPITALS

## Parent/Carer details:

Name: .....

Address: .....

..... Postcode: .....

**Mobile Phone:** ..... **Home Phone:** .....

**Email:** .....

Please write the names of your child(ren) (ages 0-17) below:

### **We request dates of birth to ensure children are placed in the right groups.**

1. .... DoB (dd/mm/yy) .....

2. .... DoB (dd/mm/yy) .....

3. .... DoB (dd/mm/yy) .....

4. .... DoB (dd/mm/yy) .....

**Please provide any relevant Medical Information (e.g. allergies/special diet) or Special Education Needs that we should be aware of, indicating which child this refers to:**

Photographs are regularly taken during activities and used internally (e.g. display boards, slideshows) as well as externally (e.g. website). If you would prefer photos of your child(ren) **not** to be used externally, please tick here

If you have a child over 13, please indicate if you are happy for them to make their own way home  
YES  NO

I authorise St Nicolas Church to consent to any urgent medical treatment my child(ren) may require.  
I understand every effort to contact me would be made.

The data you have provided will be held on the St Nicolas Church database (accessible only by authorised staff) and used to contact you when relevant with child/youth updates.

**Signed:** ..... **Print Name** ..... **Date:** .....