



Children's registration record

DETAILS OF CHILD / YOUNG PERSON

Full name.....

(Please underline the first name the child is usually known by)

Home address

.....

.....

Date of birth School year group.....

Church group being attended

This group meets on (day) between (times)..... and.....

at (place)

Whilst in our care it would be helpful to know whether your child has any long term medical condition, any allergies or phobias or is on any medication:

.....

.....

.....

Is there anything else we should be aware of?

.....

Family doctor (name, address and telephone number).....

.....

.....

PARENT / GUARDIAN'S / CARERS DETAILS

Name

Telephone number

I agree to my child attending the above group Yes / No

My child will be brought to and collected from the group Yes / No

My child has permission to travel to and from the group unaccompanied Yes / No

Signed Date