

WMC Kids Registration Form



Address: Warlingham Methodist Church, Limpsfield Road, CR6 9LE
Contact: kids@warlinghammethodistchurch.org

We need this online form completed annually for each young person attending the Youth Ministry of Warlingham Methodist Church. You will only need to complete this form once per child, per academic year. The information you provide will not be given to third parties.

Child's Information

Child's Full Name:

Date of Birth:

Gender:

Name of School (if appropriate):

School Year:

Home Address:

Please register my son/daughter onto the following programmes... (please tick all relevant boxes):

- Teddybears Playgroup (Wednesdays, 9.30am - 11.30am)
- Kidschurch (Sundays, 10am)

Child's Medical Information

(If the answer is 'yes' to any of these questions, please give details)

Does your son/daughter have any special dietary requirements or allergies?

Does your son/daughter have a medical condition/disability/allergy?

Does your son/daughter have any additional needs?

Is there any other information which would be helpful for us to know about?

GP Details (Dr's Name, Address, Phone Number):

I consent for my son/daughter to receive appropriate First Aid treatment (e.g. plasters and items found in a First Aid Kit) **YES / NO**

Photography & Independent Travel Consent

I give permission for my son/daughter to appear in photos and video that can be used for external publicity and promotional purposes (e.g. website/social media). I understand that the identity of my child will be protected in all publication. **YES / NO**

I give permission for my son/daughter to appear in photos and video that can be used for internal publicity and promotional purposes (e.g. youth club, Sunday services). I understand that the identity of my child will be protected in all publication. **YES / NO**

I give permission for my son/daughter to travel home independently. **YES / NO**

Parent/Carer Information

Name of Parent/Carer A:

Home Address of Parent/Carer A (If different to young person's):

Mobile Number of Parent/Carer A:

Please send general texts with youth information to Parent/Carer A: **YES / NO**

Home phone number of Parent/Carer A:

Email Address of Parent/Carer A:

Please email general youth club information to Parent/Carer A: **YES / NO**

Name of Parent/Carer B (optional question):

Mobile Number of Parent/Carer B (optional question):

Please send general texts with youth information to Parent/Carer B (optional question): **YES / NO**

Email Address of Parent/Carer B (optional question):

Please email general youth club information to Parent/Carer B (optional question): **YES / NO**

Name and phone number of an alternative adult in case of emergencies (not a parent/carer):

Final Consent

I give consent for my son/daughter to attend Warlingham Methodist Church Kids Ministry: **YES / NO**

I consent to the details provided being added to the Warlingham Methodist Church data-base for communication purposes. I understand that the information provided will not be given to third parties: **YES / NO**

Parent/Carer Signature:

Date: