

## Contact Details

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Boy  Girl

Parent/Guardian Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Home/mobile phone \_\_\_\_\_

Email \_\_\_\_\_

Do you wish to be contacted via email about Children & Family events happening at Christ Church Chilwell? Yes  No  *(please tick which you prefer)*

## MEDICAL AND DIETARY NEEDS

Does your child have any of the following (if so please give details):

Medical conditions eg- asthma, hearing, eczema, etc:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary Requirements: \_\_\_\_\_

\_\_\_\_\_

Additional information? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# DECLARATION

I hereby give my consent for \_\_\_\_\_ (*child's name*) to attend Children's groups on a Sunday morning along with other Christ Church related activities which happen on the premise.

\_\_\_\_\_  
Signature of parent/guardian

Date: \_\_\_\_\_

I give permission for Christ Church Chilwell to undertake the following activities with my child, which could be used as publicity for Christ Church Chilwell:

(please tick which you prefer)

Video:	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Photo:	Y	<input type="checkbox"/>	N	<input type="checkbox"/>
Pray:	Y	<input type="checkbox"/>	N	<input type="checkbox"/>

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Printed name

Date: \_\_\_\_\_