



St Mary's Registration and consent form



St Mary's Toddler Group

Name of church: St Mary's, Summerstown Name of group/activity: Baby and Toddler Group

Family contact details:

Child's full name: Date of birth:

Full name of parent/guardian:

Child's home address:

..... Home telephone:

Parent's/guardian's mobile number:

Parent/guardian's e-mail address:

I give permission for St Mary's to contact me about the Baby and Toddler Group

I give permission for St Mary's to contact me about other church related activities

Family doctor:

About your child:

Does your child have any food allergies (please specify)?

.....

Does your child have any medical conditions (please specify)?

.....

Is your child on any medication (please specify)?

.....

Does your child have any special needs (please specify)?

.....

Is there anything else you would like us to know about your child?

.....

Emergency contact details for parents/guardians:

Contact telephone number during group or activity time:

Contact name for an alternative adult in case of emergencies:

Alternative adult's telephone number:

Alternative adult's relationship to your child:

Declaration:

I give permission for.....(child) to attend and take part in the specified activities.

I will attend with my child and supervise them during the activities and take responsibility for them while in the building and surrounding grounds. If the child is attending with a different adult, I will inform the organisers of the group and provide their contact details.

Signed (parent/guardian):

Date:

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Your privacy is important to us and we are committed to keeping your personal information confidential and secure. For more information on how we process your data, please see our privacy notice which is available on our website and church noticeboard.