

Registration Form

Family Information

Family No

I am a member of this church I am new to this church I am just visiting the church/area

Adult 1

Full name: _____ Relationship: _____

Contact Number: _____ Email: _____

Adult 2

Full name: _____ Relationship: _____

Contact Number: _____ Email: _____

Home Address: _____

Child's Full Name	Date of Birth	Male/Female	School Grade

Child's Health Details

Allergies and any other vital health information that Children's Church Volunteers need to be aware of are displayed on children's name tags. If you have concerns about this please speak with the Children's Church Leader.

If you answer yes to any of these questions, please provide further information in the space provided below Our Team Leader may wish to discuss how to best support your child/ren in attending kid's ministry.

Does your child/ren have any allergies? Yes/No
 Does your child/ren have any special dietary requirements? Yes/No
 Does your child/ren have asthma? (If yes, we require an asthma action plan from your doctor) Yes/No
 Does your child/ren suffer from epilepsy? Yes/No
 Do any of your children have any other ongoing medical conditions? Yes/No
 Does your child/ren have regular medication? Yes/No
 Does your child/ren have any special needs? Yes/No

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Are there any relevant family/special circumstances that we need to be aware of to care for the child?

Please tell us anything else about your child/ren that you feel will help us while they're in our care.

Authorisation from Parent/Guardian - Please tick all relevant boxes before signing.

Permission for communication

- I give permission for Shellharbour Community Church to contact me from time to time via text messages and/or email.

Permission for application of sunscreen

- I agree to the application of sunscreen on my child/ren when they participate in outdoor activities.

Agreement of exclusion

- I agree to keep my child/ren at home within 48 hours of him/her having diarrhoea, vomiting or fever.
- I will not send my child to children's ministry with any known infectious illness.
- I agree to collect my child from the children's ministry if the leader feels that they are not well enough to be in attendance.

Medical assistance in case of an emergency

- I understand that, in the case of an emergency, the children's ministry will endeavour to contact the child's parent/guardian. If they are unable to contact the parent/guardian, I authorize the Team Leader to arrange for my child/ren to receive basic first aid by a first aid officer and/or in serious cases call an ambulance.

Involvement

- I am the parent/guardian of the child/ren and I give consent for my child/ren to participate in the activities provided whilst in the children's ministry.

Photography & video consent

- I give my consent for my child/ren to be captured in both video and photography in children's ministry and the right to use this material for social media, promotional material and other purposes.

Supervising policy

- I understand that no child will be allowed to leave the program unless they are collected by their parent/guardian.

Name of Parent/Guardian _____
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Signature _____

Date _____