

# Alexandra Road Church



Sunday  
School

Holiday  
Bible Club

Youth  
Squash



## Registration Form

Please fill in this form in **CAPITALS**

This form **must be completed** prior to the child attending

### CHILD

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postcode: \_\_\_\_\_

### PARENT/GUARDIAN

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Home tel: \_\_\_\_\_

Email: \_\_\_\_\_ Mobile: \_\_\_\_\_

### ALTERNATIVE EMERGENCY CONTACT

*(someone other than parent/guardian who can be contacted in case of an emergency)*

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Contact tel: \_\_\_\_\_

In the event of an accident can a plaster be applied to this child? YES / NO

Does the child have any health / allergy concerns / dietary requirements? YES / NO

please detail: \_\_\_\_\_  
\_\_\_\_\_

Please indicate if you agree for the church to transport this child by car or mini-bus *(all children are accompanied by at least two adults when being transported)*:- YES / NO

Occasionally we may take photographs/video recordings of the children. These may be used for displays, printed publications or our website. Please indicate if you agree for this child's image to be used for the purposes detailed above:- YES / NO

Occasionally we engage in activities outside of the church buildings. Please indicate if you agree for this child to participate in these activities:- YES / NO

We will not allow any child to leave the church premises without an adult unless you give us permission. Please indicate if you agree for this child to leave unaccompanied:- YES / NO

Authorising name: \_\_\_\_\_

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

*If you want to know more about our Child Protection, Transport, Health and Safety or First Aid policies please ask one of the leaders, who will be able to provide you with a copy*