

St. James' Church, West Streatham
Children's Sunday Groups Registration Form

Please write in block capitals and complete all sections of the form:

Child's full name _____ M / F D.O.B _____ School Year _____

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Parents' name/s: _____

Address of child(ren) _____

Contact telephone number/s: _____

Contact email address: _____

Does your child have any special needs, learning difficulties, allergies (including foods), medical conditions, anxieties or anything else would help us to know about? This information is important and will enable us to help your child. Please give details below or on reverse:

Can your child have food and drink during group time? (Please circle) **YES** **NO**

In case of emergency whom should we contact during Sunday Groups? (Please select):

Me, I will be in the Church **OR** Emergency contact details: _____

Please confirm if we may contact you regarding the following: (TICK TO AGREE)

Activities for children and families Other activities at St. James

Please confirm how we may contact you: (TICK ALL THAT APPLY): Email Post Phone

*** I agree that for the safety of others I will not bring my child to Sunday groups if they are self-isolating, or if they have a sore throat, cough or cold symptoms.**

*** I agree to inform the Church leaders immediately if my child, or any adult who accompanied my child, tests positive for Covid-19 after attending Sunday Groups.**

PLEASE PUT A LINE THROUGH ANY OF THE FOLLOWING STATEMENTS THAT YOU DO NOT WISH TO SIGN:

I give permission for my child(ren) to attend Sunday groups at St. James Church and to participate in group activities in the Church building, Youth Centre (FYC) or on The Green.

I give permission for my child/ren's information to be stored on the church database. This will be kept confidential and will not be shared with any third parties except in case of a medical emergency.

Occasionally photos or videos may be taken and used to display the life of the church on our social media accounts or to illustrate our website. I give permission for photos and videos including members of my family to be taken and used for these purposes. I understand that names will not be used and no personal information will be given.

In the unlikely event of illness or accident I give permission for medical treatment to be given by the nominated first-aider. In an emergency, if I cannot be contacted, I am willing for my child(ren) to receive hospital treatment, including anaesthetic if necessary. I understand every effort will be made to contact me as soon as possible.

I confirm that the above details are correct to the best of my knowledge.

Parent / Guardian's signature _____ Date _____