

Please complete details for your child to attend CY and its associated events.

This information will be held in strictest confidence.

Child's Details

| | | | |
|---|---|------------------------------------|---|
| Family Name | | Date of Birth | |
| Given Names | | Gender | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Residential Address | | | |
| School (if applicable) | | Current School Year e.g. Year 8 | |
| Is your child fully immunised for their age? <input type="checkbox"/> Yes / <input type="checkbox"/> No | I understand if my child is not fully immunised for their age, in the event there is a case of a vaccine preventable disease being reported to the Leaders, you may be contacted to keep your child at home for their health and wellbeing. | | |
| Are there any family circumstances that we should be aware of eg. custodial issues, other matters? | <input type="checkbox"/> Yes / <input type="checkbox"/> No <i>If Yes, please provide details as appropriate.</i> | | |

Parent/Carer 1 Details

| | | | |
|-----------------------|--|---------------|--|
| Family Name | | Given Names | |
| Relationship to child | | Email Address | |
| Home Phone | | Mobile | |
| Residential Address | | | |

Parent/Carer 2 Details

| | | | |
|-----------------------|--|---------------|--|
| Family Name | | Given Names | |
| Relationship to child | | Email Address | |
| Home Phone | | Mobile | |
| Residential Address | | | |

Additional Emergency Contact Details (if we cannot contact either Parent/Carer)

| | | | |
|-----------------------|--|-------------|--|
| Family Name | | Given Names | |
| Relationship to child | | Phone No. | |



Consent

Consent to be Contacted: *I understand that this will be done by the Leader first informing the parent/carer.*

I consent I DO NOT consent
To my child being contacted by the Leaders of CY.

I consent I DO NOT consent
To my child being contacted by the church to be informed of upcoming events or change of venue.

Consent to be Photographed / Video Recorded

I consent I DO NOT consent

To my child being photographed or video recorded. I understand that the image may be displayed in church publications, church buildings, on church websites or on church social media channels.

Permission to view DVDs & Streamed Media

I consent I DO NOT consent

To my child viewing DVDs or Streamed Media rated (G) General.
I understand that all material will be previewed by a Leader to check suitability.

Permission to Collect / Travel Home

I give permission for my child to make their own way home eg. walking / public transport.

I give permission for the following people other than myself to pick up my child from CY:

| | | | |
|-----------------------|--|-------------|--|
| Family Name | | Given Names | |
| Relationship to child | | Phone No. | |

| | | | |
|-----------------------|--|-------------|--|
| Family Name | | Given Names | |
| Relationship to child | | Phone No. | |

By signing this form:

I accept that any unacceptable behavior on the part of my child may result in my child being sent home and/or being temporarily or permanently prohibited from attending CY and its associated events.

I agree that the information contained on this Registration Form is true and correct. I agree that I will ensure that any changes to this information are advised in writing as soon as possible.

| | |
|--|-------|
| Parent/ Carer's Full Name (PRINT) | |
| Signature: | Date: |

Privacy

Personal information collected is used only for purposes relating to the spiritual, pastoral, social, educational, administrative, legal and historical functions of the Church subject to the Church's Privacy Policy in accordance with the Privacy Amendment (Private Sector) Act 2000. Your acceptance of this written advice will be regarded as your consent to collect and so use the information as described. If you do not consent please advise immediately. A copy of the Church's Privacy Policy is available on request. Personal information will not be used for any other purpose without first obtaining your consent.