

The information contained herein will be held in confidence.

| | | | |
|---|--|---------------|--|
| Child 1 Details | | | |
| Family Name | | Date of Birth | |
| Given Names | | Gender | |
| School (if applicable) | | School Year | |
| Child 2 Details | | | |
| Family Name | | Date of Birth | |
| Given Names | | Gender | |
| School (if applicable) | | School Year | |
| Child 3 Details | | | |
| Family Name | | Date of Birth | |
| Given Names | | Gender | |
| School (if applicable) | | School Year | |
| <p>Are there any family circumstances that we should be aware of eg. custodial issues, other matters? Yes / No <i>If Yes, please provide details as appropriate.</i></p> | | | |

Parent/Carer 1 Details

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

Parent/Carer 2 Details

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

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

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

Registration: CY

Child(ren)'s medical details

The information below is requested to assist in case of any illness or accident. This information will be held in confidence.

Does your child(ren) suffer from any medical conditions, illnesses or physical disabilities? Yes / No
If yes, state child(ren)'s name(s), describe the health condition(s) and list any prescribed medications.

Does your child(ren) suffer from any allergies? Yes / No
If yes, state child(ren)'s name(s) and type(s) of allergy and symptom(s).

Does your child(ren) have any special needs eg. dietary, mobility, etc.? Yes / No
If yes, state child(ren)'s name(s) and describe special need(s).

Is your child(ren) fully immunised for their age? Yes / No If no, please state name of child(ren).

Please add any comments that may help us to support your child(ren).

Registration: CY

Consents

Consent to be Contacted: *I understand the Leader will first obtain permission from 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 for Church Use

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, during church events, 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 the following people other than myself to pick up my child(ren) from this programme:

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

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

By signing this form:

I understand if my child(ren) is/are not fully immunised for their age, in the event there is a case of a vaccine preventable disease being reported to the CY Leaders, you may be contacted to keep your child(ren) at home for their health and safety.

I acknowledge that although the Church and its CY Leaders will take all reasonable care, there are still risks to manage which may attract injury or loss.

I authorise the Leaders of this program, if required in the event of an emergency to arrange immediate medical attention or treatment, including surgery and/or administration of anaesthetics as the case may require, or is likely to require. Such treatment will be authorised in writing or otherwise. I accept responsibility for payment of any expenses incurred, including transportation.

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 (<i>PRINT</i>) | | | |
| Signature: | | Date: | |

Privacy Policy

Personal and sensitive information collected will be used in conformity with our [Church's Privacy Policy](#). 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. Personal and sensitive information will not be used for any other purpose without first obtaining your consent.