



Please tick the group or activity attended by child:

Little Lights		Creche (Sundays) (Pre-school age)		Blue Crew (Sundays) (school years 1-6)	

CONTACT DETAILS & INFORMATION

Name of parent(s)/carer(s)					
School					
Address			Home phone		
			Mobile phone (parent/guardian)		
			Other emergency contact number		
preferred E-mail contact					

NAME OF CHILDREN & MEDICAL INFORMATION (Please provide details of any medical condition, disability, allergies, dietary requirements or other requirements).

Names of children:	Date of birth:	Medical information:

CONSENT

Do you consent to photos being taken of your child for local display or publicity?	Yes	No
Do you consent to un-named photos being used on the church website?	Yes	No
Would you like more information about Union Church and/or its activities?	Yes	No
In an emergency, if I cannot be contacted, I give permission for my child to receive first aid or necessary hospital treatment, including anaesthetic.	Yes	No

Parent/Guardian/Carer to sign:

Date	
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