NAME OF PROGRAM AND DATES: KINGDOM KIDS CHILDREN'S MINISTRY – JANUARY 31ST – DECEMBER 5TH 2010

It will be great to see your child join in the activities we have planned. In order for us to provide the best level of care while your child is under our supervision, we require that you fill out and return the registration form below. This form only needs to be filled out once per family. The information provided below will be treated confidentially within our team.

REGISTRATION FORM

PERSONAL CONTACT DETAILS

Child's Given name | Surname | Male /Female | Date of Birth

_____

_____

_____

Address: _____

Email contact: _____ phone number: _____

Do you consent to the appropriate use by us of photographs taken on the program that include your child? (For example, inclusion in our newsletter or in our brochure or placement on our web page.) Yes / No

SAFETY AND CARE DETAILS

In the case of an emergency, please list the phone numbers where you and another trusted adult may be contacted during the course of the program.

Name | **Relationship to the child** | **Phone numbers / site details**

Are there any medical or psychological conditions which require special attention that we should know about e.g. diabetes, asthma, allergy to bee-sting, other allergies including food, hearing or sight impairment, ADHD, behaviour issues, formal counselling situations, or any other? Please list below:

_____

_____

_____

Who will collect your child(ren) at the end of the program? Please nominate either yourself or another trusted adult:

_____

Your Agreement With Us

I understand that although the leaders will take all reasonable care to ensure both the comfort and safety of my child, there is still a risk that an accident may occur.

Name of Caregiver | Signature of Caregiver | Date

_____ _____ _____

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