**ST ROBERT’S CHURCH, PANNAL**

**YOUTH & CHILDREN’S GROUPS REGISTRATION FORM**

**CHILD’S DETAILS**

Child’s Name…………………………………………………………..Date of Birth…………………………………………..

School attended……………………………………………………..Year………………………………………………………..

**Medical:**

Does the child named above have any allergies, disabilities or medical problems that we should know about? NO/YES………………………………………………………………………………………………………………

**Other:**

We try to ensure that all the children feel happy, and included in our children’s activities. Is there anything else we should know which will help us to look after your child?

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**PARENT/GUARDIAN DETAILS**

Name(s):………………………………………………………………………………………………………………………………………..

Address:…………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………………….

Email:…………………………………………………………………………………………………………………………….................

Home no.............................................Emergency contact no...........................................................

**DECLARATION**

I will inform St Robert’s Church Office of any changes to the information on this form. I am happy for these details to be kept by St Robert’s Church, on condition that they will only be used in connection with the work of this parish. I am happy to be contacted by email regarding matters relating to Junior Church.

It is important that a person responsible for your child is on the premises. If at any time this isn’t you, the junior church group leader should be made aware of the person responsible.

Signed:……………………………………………………………………………………………..parent/guardian

Print name:…………………………………………………………………………………….Date:…………………….

***Please return one form per child to the communications box at the back of church or deliver to the church office.***