

# woodgreenchurch

## REGISTRATION for YOUTH AND CHILDREN'S ACTIVITIES

| <b>1. Which group(s) does your child attend? (please tick)</b> |  |
|--|--|
| Young Church (Sunday mornings, 9:30am or 11:30am)              |  |
| Woodgreen Kids (R-2) (Friday evening, 6-7pm)                   |  |
| Woodgreen Kids+ (Y3-5) (Friday evening, 6-7pm)                 |  |
| Woodgreen Youth (Y6-8) (Friday evening, 7:45-9pm)              |  |
| Afterchurch (Y9-13) (Sunday evening, 7:30-9pm)                 |  |

### 2. Child Details

|                             |  |                                |  |
|-----------------------------|--|--------------------------------|--|
| First Name:                 |  | Surname:                       |  |
| D.O.B.                      |  | Current School and Year group: |  |
| Address:<br>(inc. postcode) |  |                                |  |
|                             |  |                                |  |
|                             |  |                                |  |

I agree to photos being used for internal use eg Church display boards

I agree to photos being used for external use eg church website

### 3. Contact Details

Please supply the names of two people who can be contacted in an emergency  
By providing us with an email address you are also consenting to being contacted via email about upcoming events relevant to your child's group

|                        |        |                        |  |
|------------------------|--------|------------------------|--|
| Name:                  |        | Name:                  |  |
| Relationship to child: |        | Relationship to child: |  |
| Telephone              | Home   |                        |  |
|                        | Work   |                        |  |
|                        | Mobile |                        |  |
| Email                  |        | Email                  |  |

### 4. Medical Permission (please tick for consent)

In the unlikely event of illness or accident I give consent for any necessary medical treatment to be given by the nominated first-aider. In an emergency and if I cannot be contacted, I give consent for my child to receive hospital treatment, including anaesthetic if necessary. I understand that every possible effort will be made to contact me.

PTO

My child has the following allergies/medical conditions (please indicate any medication they may be on)

Please provide the name and address of your child's GP:

Name:

Address:

Does your child receive extra help at school?       Yes       No

Does your child have an EHCP?       Yes       No

***Please sign and date below, to confirm your consent and return the completed form to the group leader as soon as possible.***

**Signed** .....      **Date** .....

**AJ (Alex Johnstone)**  
**Youth, Children and Families Worker**  
**Woodgreen Evangelical Church**  
**t. 01905 451985**  
**e.aj@woodgreenchurch.co.uk**  
**Charity number 1132700**

At Woodgreen we take your child or young person's safety seriously. We have a Safeguarding Policy to ensure that young people and children are cared for in a safe environment. A full copy of this policy is available on our website. A statement is on our Church noticeboard.

You can find out more about how we use your data from our 'Privacy Notice' which is available on our website or from the church office. (Your personal data will be stored securely in line with Woodgreen Church's Data Protection policy and the GDPR privacy notice which is available on our website <https://woodgreenchurch.co.uk/privacy-policy/>)