St Margaret's Church, Lee Registration Form for Young People Activities

(To be completed at least annually for all children and young people attending a church-related group or activity one-off and regular, including Crèche, children's church and youth group).

Please complete both sides of this form

Would you like to receive our e-mail newsletter?			
Activity: 9am/ Creche / Children's Church/ Youth Group/ Other (please specify)		
Family contact details:			
Full name of parent/guardian			
Home address			
Home Tel NoParent's/guardian's mobile			
Parent's/guardian's e-mail (s)			
Family doctor and contact number:			
Emergency contact details for parents/guardians:			
Contact tel. no during group or activity time:			
Contact name for an alternative adult in case of emergencies:			
Tel no:Relationship to child:			
Tel no:Relationship to child:			
Arrangements for collection (please delete as appropriate)			
My child will be brought and collected from the group: Yes/No			
S/he will be collected by: Relationship to child:			
Name of anyone NOT allowed to collect my child: Relationship t	o child:		
For children over 11years: My child has permission to travel to and from the group w	rithout me: Yes/No		
About your child:			
Child 1			
Child's full name:Date of birth:			
School: School year:			
Does your child have any food allergies? (please specify):			
Does your child have any medical conditions? (please specify):			
Is s/he on any medication? (please specify):			
Does s/he have any special needs? (please specify):			
Is there anything else you would like us to know about your child?			
If appropriate (age 13+): young person's mobile: young person's e-n	nail:		



Child 2

Child's full name:	Date of birth:
School:	. School year:
Does your child have any food allergies? (please specify):	
Does your child have any medical conditions? (please specify):	
Is s/he on any medication? (please specify):	
Does s/he have any special needs? (please specify):	
Is there anything else you would like us to know about your child?	
If appropriate (age 13+): young person's mobile:	young person's e-mail:

Child 3

Child's full name:	Date of birth:
School:	School year:
Does your child have any food allergies? (please specify):	
Does your child have any medical conditions? (please specify):	
Is s/he on any medication? (please specify):	
Does s/he have any special needs? (please specify):	
Is there anything else you would like us to know about your child?	
If appropriate (age 13+): young person's mobile:	. young person's e-mail:

Data Protection: Parishes and the "GDPR"

The General Data Protection Regulation (GDPR) will take effect in the UK from 25 May 2018. It replaces the existing law on data protection (the Data Protection Act 1998) and gives individuals more rights and protection in how their personal data is used by organisations. Parishes must comply with its requirements, just like any other charity or organisation.

Consent

Your privacy is important to us and we would like to continue to communicate with you about the church and its activities. To do so we need your consent. By signing this form you give consent for the church to keep in touch with you. Find out more about how we process your data in our Privacy Policy which can be found on our website or on the notice board at the back of church. If you would like a printed copy of our privacy notice please as a leader or contact the church office on office@stmargaretslee.org.uk or 020 8318 9643.

Declaration

I give permission for to attend and take part in the specified activities.

Signed (parent/guardian):

Date (& initial):

Consent Form for taking and publishing images of children

At St Margaret's, Lee we include images of children in our publicity with the consent of them and their parents or guardians. We have a duty of care to reduce the risk of inappropriate contact by ensuring that children must remain unidentifiable in publications. Images may be used on the Church website or Facebook page, the Church magazine (Leeway) or the Church noticeboard. Images will be stored on the office computer only.

For completion by parent or guardian and child:

I consent to images of my child(ren) named below being used and stored, solely for the purposes specified above. I understand that the **identity of my child will be protected in all publication of images**.

Name(s) of child(ren):		
Signature: (p	arent/guardian)	(child 13+)
Date (& initial):		