

Dumfries Baptist Church: Registration form For (Please input the activity).....

Name of child	
Date of birth	
School (and year P1, P2...)	
Home address:	
Home telephone no.	
Mobile no.	
Any other useful telephone number	<div style="display: flex; justify-content: space-between;"> Name and relationship: Tel: </div>

Health matters:

While your child is in our care, it is important to know whether your child has any of the following:-	
Does your child suffer from any allergies?	
Does your child have any health condition which we should know about?	
Does your child have any learning/behaviour difficulty?	

Photographic consent:

During activities, photographs may be taken for display within church, use on our website or for promotional material. Do you give permission for your child's photo to be taken and used in this way?

YES ☐ NO ☐ please tick one box

For the purpose of sending information to you by email, do we have your permission to store your contact details electronically? (Our Data Protection Policy can be found on our website)

YES ☐ NO ☐ please tick one box

Your details:

Name of Parent/Guardian	
Address (if different from above)	
email address (if available)	

Signature:.....Date:.....

Please return form to the office at Dumfries Baptist Church Centre
Any questions please speak with Andy Feather Youth and Community Worker 01387 268 926