

ABC Children's Church

CHILD/REN'S DETAILS

For office use

Name _____

DOB ____ / ____ / ____ Girl / Boy (delete as appropriate)

Attending

Name _____

DOB ____ / ____ / ____ Girl / Boy (delete as appropriate)

Attending

Name _____

DOB ____ / ____ / ____ Girl / Boy (delete as appropriate)

Attending

Name _____

DOB ____ / ____ / ____ Girl / Boy (delete as appropriate)

Attending

Details of any medical conditions (e.g. Asthma, epilepsy etc) or known allergies (e.g. face-paints, foods, bee stings etc). If you have more than one child attending please specify who this condition relates to.

For Children between the ages of 2 & 4 only -

My child wears nappies.

Please note that due to time restrictions, Busy Beez staff will not change nappies during the session. Your child will be returned to you if they soil their nappy.

My child is toilet trained

I am happy for my child to be taken to the toilet by Busy Beez staff/I will make sure my child visits the toilet before the session and would prefer to be called to take my child to the toilet if necessary during the session. (delete as appropriate)

PARENT/GUARDIAN DETAILS

Full Name _____

Address _____

Contact tel.no/s _____ , _____

Email Address _____

Please tick this box if you a visitor to ABC church

Declaration

- I give consent for my child to take part in all Children's Church activities.
- I give consent for staff to give my child emergency first aid.
- I **do/ do not** give consent for photographs or videos of my child to be made during sessions and used by Ammanford Bible Church. (Please delete as appropriate)
- I will inform staff immediately of any changes to the information held on this form.

Signed _____

Date / /