

ENROLLMENT FORM

Please register and sign for **each child separately**

WHICH GROUP?	<input type="checkbox"/> Crèche <input type="checkbox"/> Junior Church	
SURNAME of child		
CHRISTIAN NAME of child		
Date of birth		
SURNAME(s) of Parent(s) / Guardian(s)	<i>Parent / Guardian 1</i>	<i>Parent / Guardian 2</i>
FIRST NAME(s) of Parent(s) / Guardian(s)	<i>Parent / Guardian 1</i>	<i>Parent / Guardian 2</i>
Address and postcode		
Mobile No.		
Landline No.		
Email address		

We will use email to update you regarding Junior Church and Crèche

We require you active consent to the following:

Authorisation

- a. In the event of illness or an accident, I authorise the Junior Church / Crèche Leader to sign, on my behalf, any written consent required by the medical authority, or give verbal consent, if the delay to wait and obtain the parent/guardian's authority is considered detrimental to the well-being of the child.
- b. In the event of an accident we will contact the emergency services and you on the contact number left on the register
- c. I authorise a Junior Church / Crèche Leader to administer first aid or administer prescribed medicine to this child (if applicable details provided below).

I agree to the above authorisations

(please circle one) **YES**

NO

Junior Church / Crèche Leaders sometimes give food and drinks to the children.

I give permission for my child to partake (please circle one) **YES** **NO**

Please let us know details of any relevant allergies or medical conditions. If none, please state "None".

Immunisations

My child has been immunised against Tetanus within the last five years.
(please circle one) **YES** **NO**

Physical Activities

Some activities are physical such as dancing, running and jumping.
Please give details of any relevant health issues which may prevent your child participating fully in the activities of Junior Church / Crèche. If none, please state "None"

Photographs

We would like to take a photograph of each child to help with registration each week.

I give permission for my child to be photographed for this purpose:
(please circle one) **YES** **NO**

From time to time we may include photos of the children for e-news (our weekly electronic newsletter), the church website or displays in Church or Village Hall. No child would be named.

I give permission for my child to be photographed for this purpose:
(please circle one) **YES** **NO**

IT REMAINS THE RESPONSIBILITY OF PARENTS / GUARDIANS TO KEEP DETAILS PROVIDED UP TO DATE. PLEASE INFORM THE PARISH OFFICE OF ANY CHANGES TO THIS FORM.

_____ **Date** _____
Signed (Parent/Guardian)

The Parochial Church Council of St Nicholas', Chislehurst acknowledges its responsibility for all work with children and young people done in the name of the Church and requires all those engaged in such work to be properly appointed and supported in accordance with current Safeguarding good practice and guidelines issued through the Diocese of Rochester.

Our Parish Safeguarding Officer is Mrs Susie Hemming-Clark: 020 8468 7945