

Please use this form to register or pre-register up to three children

Please complete the information in block capitals

Information for Parent / Guardian:

Name:			
Address:			
	Post Code:		
Home Tel:	Mobile Tel:		
Email address:			
1 st Alternative Emergency Tel:	Name:		
2 nd Alternative Emergency Tel:	Name:		

Information for First child:

Full Name:			Male <input type="checkbox"/> or Female <input type="checkbox"/>
Date of Birth:	dd/mm/yy	School:	
GP surgery:		GP Tel:	
Food allergies or dietary needs?	Yes <input type="checkbox"/> or No <input type="checkbox"/>	(if yes, please give details overleaf)	
Medical conditions or other allergies?	Yes <input type="checkbox"/> or No <input type="checkbox"/>	(if yes, please give details overleaf)	
Any other special information?	Yes <input type="checkbox"/> or No <input type="checkbox"/>	(if yes, please give details overleaf)	

Information for Second child:

Full Name:			Male <input type="checkbox"/> or Female <input type="checkbox"/>
Date of Birth:	dd/mm/yy	School:	
GP surgery:		GP Tel:	
Food allergies or dietary needs?	Yes <input type="checkbox"/> or No <input type="checkbox"/>	(if yes, please give details overleaf)	
Medical conditions or other allergies?	Yes <input type="checkbox"/> or No <input type="checkbox"/>	(if yes, please give details overleaf)	
Any other special information?	Yes <input type="checkbox"/> or No <input type="checkbox"/>	(if yes, please give details overleaf)	

Information for Third child:

Full Name:			Male <input type="checkbox"/> or Female <input type="checkbox"/>
Date of Birth:	dd/mm/yy	School:	
GP surgery:		GP Tel:	
Food allergies or dietary needs?	Yes <input type="checkbox"/> or No <input type="checkbox"/>	(if yes, please give details overleaf)	
Medical conditions or other allergies?	Yes <input type="checkbox"/> or No <input type="checkbox"/>	(if yes, please give details overleaf)	
Any other special information?	Yes <input type="checkbox"/> or No <input type="checkbox"/>	(if yes, please give details overleaf)	

I confirm that the above details are correct to the best of my knowledge. In the event of illness or accident, I give permission for appropriate first aid to be given by a nominated first aider. In an emergency, and if I or the emergency contacts (if given) cannot be contacted, I am willing for the child(ren) to be given hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.

I do / do not give permission for the child(ren)'s details to be entered on the church database.

I do / do not consent to unnamed photographs of the child(ren) being used on internal notice boards, in audio-visual presentations in church and in a group photograph in the *Garstang Courier*.

Signature of Parent / Guardian

Date