



RCCG Place of Rest Parish Children's Church Registration form (CONFIDENTIAL)

This registration form is to be completed by all parents of children attending the RCCG Place of Rest Parish Children's Church. The purpose of this form is to assist the church in providing a safe and secure environment for children who participate in our programs or under our care.

Your filling out this form will enable us to:

1. Officially add your child to the 2018 – 2019 Children Church database;
2. Inform our teachers about specific health concerns
3. Keep you updated on special events that are about to take place.

A. Child's information:

Child's name : (first): _____ (Last): _____

Date of birth: (dd) _____ (mm): _____ (yyyy): _____

Gender (Check one): Male () Female ()

Home address: _____

City: _____ Post Code: _____ Province _____

Tel : _____ Mobile (if any): _____ Email (if any) _____

Postal address (if diff from above): . _____

City: _____ Post Code: _____ Province _____

B. Parent/Guardian information.

Full name of Parent(s)/Guardian (surname first): _____

Contact address (if diff from above): _____

City: _____ Post Code: _____ Province _____

Tel : _____ Mobile: _____ Email _____

C. Other information:

i) **Is this child a course of any legal dispute:** Yes: () No: ()

If Yes, please give the name of parent/guardian with permission to pick this child from the children's church

Full name: _____

Tel : _____ Mobile: _____ Email _____

ii) **Allergies**

Does your child/ward have any allergies or health concerns? Yes: () No: ()

If yes, what is he/she allergic to: _____

If allergic reaction occurs, contact name: _____ Tel: _____

D. Permission:

(i) Do we have your permission to contact/call your child(ren) on their birthdays or when they are unwell and so absent from church? Yes: () No: ()

(ii) Do we have your permission to use your child's pictures, crafts, paintings, songs and other materials produced through the RCCG children's Ministry, on the church's website, in the church's publication and in any other way the church sees fit.

Yes: () No: ()

Full name of parent/guardian

Signature of parent/guardian

Date