The Church of Christ the King Children & Youth Registration & Consent form.



This consent form is for all the activities for children and young people at the Church of Christ the King for the current academic year (2019/20). These include: weekly activity-based groups, Children's and Youth Roots/ Small Groups, Holiday Clubs, also our work with young adults. Completing this consent form will entitle your child to attend the age appropriate group and/or serve on a team. (To be completed as appropriate by the adult, or parent/carer of the child or young person under 18 at the beginning of the current academic year, annually for church groups).

Section1. Family contact details:

This information will help us contact you should we need to. Please check or complete the details where appropriate:

Child's first name				
Child's last name				
Date of Birth				
Address Line 1				
Town				
County				
Postcode				
Name of Parent(s) or Guardian(s)				
Parent / Guardian Home telephone				
Parent / Guardian Mobile				
Parent / Guardian Email				
If appropriate, Child's Mobile		***************************************		
If appropriate, Child's Email				
Family Doctors Details				
School				
Christ the King Group: (Please Circle those attended)	WLTDO	Little Ones	Kings Club	FridayYouth
	Sunday Youth Roots	Sunday Child	rens Groups	FourTwelve
About your child:	•	•		
Does your child have any food allergies? (please s	specify):			
Does your child have any medical conditions? (p	lease specify):			
Does your child take any medication? (please spec	cify):			
Does your child have any additional needs? (plea	ase specify):			
Is there anything else you would like us to know	about you/your child?			
Alternative emergency contact details for p	parents/quardians:			
Contact name for carer/ an alternative adult	t in case of omorgans	ioc		
	_			
Tel no	Relationship to you/	your child	•••••	•••••
Arrangements for collection: church groups	S (please amend as appropr	iate)		
I will bring and collect my child to and from	the group	Yes/No		
Or My child will be collected by		Relationshi	Relationship to you/your child	
Name of anyone NOT allowed to collect my	child	Relationship to child		
My child has permission to travel to and fro	m the group without	me (<i>children</i>	over 11years) \	/es/No

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Section 2 Permission and Specific Consent: Here at the Church of Christ the King we take the safeguarding of children and young people and your privacy seriously and we will only use your personal information to serve you and to protect your child whilst they are a member of a group and take part in the activities and services at the Church of Christ the King. Please note that by signing this form you are confirming that you are consenting to the PCC of Christ the King Church, Kettering holding and processing your personal data for the following purposes for the current academic year;

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(please	e tick the boxes where you grant conse	nt & this consen	t can be withdraw	at any point by	contacting the church office)
l conse	nt to the church contacting me by:	□ Post	Phone	☐ Email	Social Media
	I give my consent to any medical tr medical practitioner or a qualified medical information supplied over	first aider. I agr	ee to inform the	•	•
0	I give my permission for my son/da youth activities and the pictures ar (please note this will be done in	nd film footage	used for CtK publ	icity (inc social	media, online, & Print);
	I give permission for the Church of of communication, in line with the	_		•	
	☐ Facebook Messenger	☐ Email	☐ Text Mess	aging 🔲 V	VhatsApp
	I give permission to add mine and to enable the church to communic	•		-	tration and administration tool)
	I give permission for the Christ the Christ the King; (please note that you office or link within the email)				
to use yo limited si	grant consent to all the purposes; one of the our personal data; (so for example we may n ituations, such as where required to do so b use your data from our Privacy Notice, whic	ot be able to let you	ou know about fortho members of the pub	coming services an olic from serious ha	d events); except in certain arm. You can find out more about
Kettering	withdraw or change your consent at any tim 3, NN15 7AA or <u>office@ctk.org.uk</u> 2 01536 vn consent, other than where this is require t.	517553. Please no	te that all processing	of your personal of	data will cease once you have
Section	3. Further information to be read o	and signed by a	ın adult with par	ental responsil	oility.
Christ th	ng this I give permission for my son/dau ne King and take part in the weekly activ ort to and from these activities and mee ibility.	vities they run fo	r children and your	ng people for the	current academic year.
	n activity is away from the usual premis of Christ the King's transport policy <i>(avo</i>			private transpor	t in accordance with the
respons	wledge that expensive personal possess ible for any loss or damage to my child' at home.				
continui	stand that if my son or daughter grossly ing to take part and may be asked to lea caused by my son/daughter.				
Signed (parent/guardian)		Date		
Name (_l	parent/guardian)				

^{*} Note: The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act 1989. Medical consent forms have no legal status and a doctor has the right to insist on parental consent to treat a child. However, it can be of comfort to medical staff to have general consent in advance from parents or have a leader on hand to sign forms.