

# Church of the Good Shepherd, Cox Green

## Registration and Consent: Shine Sunday morning children's groups

(to be completed as appropriate by the parent/carer of the child, annually)

### Family contact details

Child's full name \_\_\_\_\_ Date of birth \_\_\_\_\_

Home address \_\_\_\_\_

\_\_\_\_\_ Home Tel No \_\_\_\_\_

Full name of parent/guardian \_\_\_\_\_

Parent's/guardian's mobile \_\_\_\_\_ E-mail \_\_\_\_\_

School \_\_\_\_\_ School year \_\_\_\_\_

### About your child *(please continue on the back of this form if necessary)*

Name of child's Doctor and Doctor's Surgery \_\_\_\_\_

Does your child have any food allergies? (please specify) \_\_\_\_\_

Does your child have any medical conditions? (please specify) \_\_\_\_\_

Is your child on any medication? (please specify) \_\_\_\_\_

Does your child have any special needs? (please specify) \_\_\_\_\_

Is there anything else you would like us to know about you/your child? \_\_\_\_\_

### Alternative contact details in case of an emergency

*In case of an emergency, we would usually contact the adult named in the section 'Family contact details' above. Please provide details of another adult we may contact in case that adult is not available.*

Name of an alternative adult in case of emergencies \_\_\_\_\_

Contact Tel. No. \_\_\_\_\_ Relationship to your child \_\_\_\_\_

### Arrangements for collection *(please delete as appropriate)*

Most children have parents who are present in church on a Sunday morning. If this is not the case, please complete the section below, otherwise continue overleaf.

My child will be brought and collected from the group **Yes / No**

My child will be collected by \_\_\_\_\_ Relationship to child \_\_\_\_\_

Name of anyone NOT allowed to collect my child \_\_\_\_\_

Relationship of that person to my child \_\_\_\_\_

My child has permission to travel to and from the group without me *(children over 11 years)* **Yes / No**

# Church of the Good Shepherd, Cox Green

## Permission to use of photos of your child

May we use your child's photo *(your child will not be named)* in the following ways?  
*(please delete as appropriate):*

- |   |          |
|---|----------|
| For displays within the Church and Community Centre                   | Yes / No |
| On the church's website   | Yes / No |
| In Social Media e.g. the church's Facebook page                       | Yes / No |
| In Church of the Good Shepherd publications e.g. Church Newsletter    | Yes / No |
| In other publications e.g. Diocesan magazine or Maidenhead Advertiser | Yes / No |

## Data Protection

By signing this form you are consenting to the PCC of The Church of the Good Shepherd, Cox Green, holding and processing the personal data provided above in relation to 'Shine' children's activities. *Your personal information will not be seen or passed on to anyone other than those within the church needing it for the administration associated with these activities.*

## Declaration

I give permission for \_\_\_\_\_ *(child's name)* to attend and take part in the specified activities.

Signed \_\_\_\_\_ Date \_\_\_\_\_

***The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB: This may not include a foster carer).***

Additional information continued from page 1 if necessary

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