

REGISTRATION FORM

PLEASE COMPLETE IN BLOCK CAPITALS

ATTENDING ADULT'S DETAILS

Name: _____

Relationship to Child(ren): _____

Address: _____

Email Address: _____

Telephone Number: _____

Are there any medical conditions (including allergies) that we should be aware of:

PARENT'S DETAILS — (IF THE ATTENDING ADULT IS NOT THE CHILD(REN)'S PARENT)

Name: _____

Relationship to Child(ren): _____

Address: _____

Email Address: _____

Telephone Number: _____

EMERGENCY CONTACT'S DETAILS

Name: _____

Relationship to You or Child(ren): _____

Address: _____

Email Address: _____

Telephone Number: _____

CHILD(REN)'S DETAILS

Name: _____ Name: _____

Date of Birth: _____ Date of Birth: _____

Name: _____ Name: _____

Date of Birth: _____ Date of Birth: _____

Are there any medical conditions (including allergies) that we should be aware of:

Please turn over

REGISTRATION FORM

Why do we need to collect this data?

- To make contact with the parent or emergency contact in case of emergency
- For the health and safety of all those attending the group
- For safeguarding purposes
- To contact you about the group (optional)
- To contact you about other events run by Hanborough & Freeland Church which the leaders feel may be of interest (optional)

We make every effort to protect the data you have entrusted to us and to comply with Data Protection Regulations. In order that we can know your preferences and comply with the General Data Protection Regulations (GDPR), please complete the following:

TO BE COMPLETED BY THE PARENT/CARER ATTENDING THE GROUP:

- I understand that I am responsible for the child(ren) in my care at all times.
- I consent to the Benefice of Hanborough and Freeland holding my personal data.
- I consent to being contacted about First Steps via my email address and mobile number (as provided overleaf).
- I consent to receiving information by email about other events run by the Hanborough & Freeland Church which the leaders feel may be of interest. I understand I can opt out at any time by contacting Hanborough & Freeland Church via the online enquiry form at www.hfchurch.org.uk.

Parent/Carer Signature: _____

Date: _____

TO BE COMPLETED BY THE CHILD(REN)'S PARENT — (IF NOT ATTENDING THE GROUP)

- I consent to the Benefice of Hanborough and Freeland holding my personal data.
- In the event of an emergency, I consent to my child(ren) being collected by the emergency contact detailed overleaf (for example, if the attending adult is taken ill).

Parent Signature: _____

Date: _____