

Registration and Consent form for Children and Young

People at Christ the King

This consent form is for Holiday Club at the Church of Christ the King for the 2019 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, annually for church groups*). Please Complete one form for each child

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		
Address Line 2		
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		
School Year		
	About your child:	
Does your child have any food		
allergies? (please specify)		

Does your child have any medical conditions? (please specify) Does your child take any medication? (please specify) Date of last anti-tetanus injection Does your child have any additional needs? (please specify) Is there anything else you would like us to know about you/your child?

Alternative emergency contact details for parents/guardians:

Contact name for carer/ an alternation	ive adult in case of emergencies	
Tel no	Relationship to you/your child	

Arrangements for collection: church groups (please delete as appropriate)

I will bring and collect my child to and from the group <i>Or</i> My child will be collected by	Yes/No Relationship to you/your child
Name of anyone NOT allowed to collect my child	Relationship to child
Collection Password (MUST be completed)	

I give permission in the areas stated below for (name)

for Holiday Club 2019

- □ I give permission for non-allergic plasters to be used on my child. In an emergency and/or if I am not contactable, *I am/I am not (delete as appropriate)* willing for my child to receive doctor, hospital or dental treatment including an anaesthetic. (*Day Visits, Camps, Res Hols*)
- We may take photos or create videos at CtK activities and events. I give permission for the pictures and film footage to be used for CtK publicity including social media and the website. They will be stored in accordance with our privacy policy/statement (available on request) You can choose to have the images removed & or destroyed by using the opt out form available through the CtK office or website.

Data Protection:

□ I give permission for the Church of Christ the King to process the information given on this form and hold it on a Secure Web based database system (currently ChurchSuite) to enable them to keep me informed about the activities at the church. The information will be treated confidentially and this information will not be passed to any other party. Please contact us through the website or the church office if you do not want us to keep you informed or if you would like to see the information we hold about your son / daughter.

Section 3. Further information to be read and signed by an adult with parental responsibility.

By signing this I give permission for my son/daughter to become a member of the Children's and Youth work at the Church of Christ the King and take part in holiday club 2019. Transport to and from these activities and meetings *(unless otherwise stated)* is the group member's parent's or guardian's responsibility.

I have read the details and understand that the leaders will take all reasonable care in looking after my son/daughter but I acknowledge the possibility that my child may, for a short time, be out of the sight of a leader during an activity.

I acknowledge that expensive personal possessions are my son/daughter's responsibility and that leaders cannot necessarily be held responsible for any loss or damage to my child's property.

I understand that if my son or daughter grossly misbehaves at any group or activity the organisers may forbid them from continuing to take part and may be asked to leave/ be collected by their parents or guardians. I agree to pay for any deliberate damage caused by my son/daughter.

Signed (parent/guardian)	Date
Name (parent/guardian)	



Gift Aid Declaration – single donation Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year. Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box below:

 \Box I want to Gift Aid my donation of £_____ to:

Name of Charity The Church Of Christ The King Kettering

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax in the current tax year than the amount of Gift Aid claimed on all my donations it is my responsibility to pay any difference.

My Details

Title ______ First name or initial(s) ______

Surname _____

Full Home address _____

Postcode _____ Date _____

Please notify the church if you:

□ want to cancel this declaration

□ change your name or home address

□ no longer pay sufficient tax on your income and/or capital gains

If you pay Income Tax at the higher or additional rate and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self-Assessment tax return or ask HM Revenue and Customs to adjust your tax code.