Children's Registration Form - PRIVATE AND CONFIDENTIAL

Please fill out in BLOCK CAPITALS

KINGSGATE
COMMUNITY CHURCH

Association Occasional Attendee Member Regular Attendee Visitor

Address

City

Post Code

Home Phone Mobile Phone

Family Email

Parent/Guardian's full name: Mr/Miss/ Mrs/Mrs

First Name

Last Name

Marital Status Single/Married

Email

	Names	**Gender**	**Family Position**	**Birth Date**	**School Year**
Child 1		Male/Female	Child/ Youth	D D M M Y Y	
Child 2		Male/Female	Child/ Youth	D D M M Y Y	
Child 3		Male/Female	Child/ Youth	D D M M Y Y	
Child 4		Male/Female	Child/ Youth	D D M M Y Y	

Please state any medical conditions e.g. asthma: _____

_____

Please state any dietary requirents e.g. allergic to nuts: _____

_____

Please state any educational needs? _____

_____

Some younger children have special words or phrases for certain things e.g. going to the toilet.

Please specify below: _____

_____

Is there any other information that you think might be useful for us to know?

_____

Date: D D M M Y Y

Signature: _____

Thank you for taking the time to fill this form in. Your details will be kept on file in the church office. Please let us know of any change to details you have supplied us with today.