



Attends

- Crèche
 Sunday Club
 YgNite
 Overflow
 Pathfinders
 @Tomix
 @Toms
 @Toms Fusion

Child's Details

Full Name _____ Date of Birth _____

School attended _____ School Year _____

Does your child regularly attend a Church or Sunday School? Yes/No *

If Yes, which one? _____

Contact Details

Name of Parent(s)/Guardian(s) _____

Home Address _____ Postcode _____

Home Tel. _____ Mobiles _____

Email Address _____

I give permission for my child to attend St Thomas children and youth work, and to participate in all organised activities. If it becomes necessary for my child to be given urgent medical treatment, and I cannot be contacted by telephone or by any other reasonable means to authorise this, I hereby give my general consent to any medical treatment, judged to be necessary and urgent, by the nominated first aider or by a medical practitioner. Furthermore, I authorise the leader in charge to sign any document required by hospital or other authorities. I understand that every effort will be made to contact me as soon as possible.

Signed _____ Date _____

Occasionally we take photos or short video for use in activities or for publicity purposes. If you **do not** wish your child's photo to be used in this way, then please speak to the main leader of the group.

CRÈCHE

If your baby/child starts to cry whilst in crèche, what can we do to help them settle? _____

Do they have a favourite toy that might help? _____

Are you happy for a member of the crèche team to change your baby's nappy? Yes No

Or if potty trained, are you happy for a crèche member to take them to the toilet? Yes No

In either instance, if you prefer to do this yourself, please let us know.

End of Session Details (*Tick as appropriate)

My child will normally be collected at the end of the session by a parent of guardian or by the following adult(s)
 Name _____ or _____

Or I give permission for my child to return home unescorted. (for older children/young people only).

Medical Information

Does your child suffer from any on-going or recurring illness?	
Does s/he take any regular medication?	
Any phobias, disabilities or known allergies?	
Has s/he been immunised against tetanus within the last 10 years?	
Any special dietary requirements?	
Any other information we should know of?	

Name of your registered GP _____ Name of GP Pracctice _____