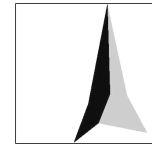


CHRIST CHURCH COCKFOSTERS  
CHILDREN AND YOUTH MINISTRY



CHRISTCHURCH  
COCKFOSTERS

**REGISTRATION FORM 2011/2012**  
(CONFIDENTIAL)

*Building bridges – sharing God's love*

Please complete one form per child using **BLOCK CAPITALS**

Name of child/young person .....		Date of birth .....		
Address .....				
.....		Postcode.....		
Church group:	Little Stars (0-2)	<input type="checkbox"/>	Cosmic (5-10)	<input type="checkbox"/>
Please tick relevant box(es)	Shooting Stars (2-3)	<input type="checkbox"/>	Pathfinders (10-14)	<input type="checkbox"/>
	Rockets (3-4)	<input type="checkbox"/>	Koinonia (15-18)	<input type="checkbox"/>
			Klub (15-18)	<input type="checkbox"/>
Home telephone .....		Mobile (if applicable) .....		
School or preschool attended.....		School year .....	Male/female	
Child/young person's email address (if applicable) .....				

Mother's name .....	Father's name.....
Address (if different) .....	Address (if different) .....
.....	.....
Telephone.....	Telephone.....
Mobile .....	Mobile .....
Email.....	Email.....

GP's name .....	GP's Telephone.....
GP's Address.....	
Medical conditions (if any) .....	
Severe allergies (if any) .....	
Name of alternative emergency contact .....	
Relationship to child.....	
Address.....	
Telephone.....	Mobile .....

***please turn over***

PHOTOGRAPHS

*During the course of our children's and youth work, and other church activities, photographs and videos may be taken. These may be used in church activities and for publicity purposes. To enable this to happen in accordance with our child protection policy, we need permission from all parents/carers and therefore we are requesting your permission on this form. If you have any questions about this please speak to a member of staff. You are granting permission by signing this form.*

I agree that Christ Church activities in which my child participates may be photographed or filmed by church staff and authorised persons and used by Christ Church in church activities and for publicity purposes. (Please attach a written declaration if you are not in agreement)

I give my consent for First Aid to be administered by a qualified person should I not be contactable in an emergency.

Signed.....(parent) Print name.....

Date .....

*Please return to :*

Church Office  
Christ Church House  
Chalk Lane  
Cockfosters  
Barnet  
Herts  
EN4 9JQ

Data Protection Act 1998

The information provided will only be used for purposes connected with the administration, mission and ministry of Christ Church Cockfosters