



Christ Church Southport

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Children and Young People’s Registration and Consent Form September 2023- August 2024

Child’s full name: _____ Date of Birth: _____

Address: _____

_____ Postcode: _____

Name of first contact: _____ Relationship to child: _____

Contact number: _____ Email address: _____

Name of second contact: _____ Relationship to child: _____

Contact number: _____ Email address: _____

Child’s doctors practice: _____ Phone number: _____

School: _____ School year: _____

Does your child have any food allergies or dietary requirements? If so please state below;

Does your child have any additional needs or behavioural issues? If so please state below;

Does your child have any medical conditions? If so please state below and include what medication your child takes;

Is there anything else you would like us to know about your child? If so please state below;

Arrangements for collections for children and young people attending midweek groups.

My child will be collected by: _____ Relationship to child: _____

Name of anyone NOT allowed to collect your child: _____

Relationship to child: _____

My child has permission to travel to and from the group without me (children over the age of 11)

Yes No

If you have any queries please don’t hesitate to contact Emily Geering, Children’s and Youth Pastor, on the office phone number 01704 531756 or by email on emily@christchurchsouthport.org.uk.



Consent (please tick the appropriate circle)

I give permission for my child to have photos and videos taken for internal use: Yes No

I give permission for my child to have photos and videos taken for external use: Yes No

I give permission for you to keep in contact through email: Yes No

I give permission for myself to be involved in a WhatsApp group chat where the main leader can contact parents/carers about future events: Yes No

For youth (year 7+);

I give permission for my child to be involved in WhatsApp group chats where youth leaders can contact all the youth to know about future events: Yes No

Mobile number of young person: _____

I give permission for my child to be involved in Zoom meetings that are directly CCS Youth based where sessions will be delivered online: Yes No

Storing of information statement

- Your child’s data will be stored on Church Suite. Their details will not be able to be seen by other church members other than yourselves and the children’s and youth leader pastor who has restricted access.
- All registration and consent forms will be safely stored in a lockable cabinet.
- Your child’s data will not be given to any other churches or organisations unless there is a safeguarding concern.
- If any information changes that we would need to know please inform us so we can update the details.

Declaration and consent

I give permission for _____ (child’s name) to be involved in church children’s and youth activities.

In an emergency/or if I am not contactable, **I AM / I AM NOT** (please delete as appropriate) willing for my child to receive medical treatment by first aiders, doctors, hospital, or dental treatment, including an anesthetic.

Signed: _____ Date: _____

Name: _____

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB: This may not include a foster carer).

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