



VISITOR
NO: _____

C3 KIDS REGISTRATION FORM

DATE: ____/____/2010

8am__ 10am__ 6pm__

ATTENDANCE:

Occasional Visitor

Will be attending regularly at 8am 10am 6pm

Looking for a new church

Visiting from another church _____

Parent's Surname _____ Parent's First Name/s _____

Address _____

Suburb _____ Postcode _____

Phone _____ Mobile _____ Email _____

Children's Details

	Name	Sex	Date of birth	Grade	Name of School
1		M / F			
2		M / F			
3		M / F			
4		M / F			
5		M / F			
6		M / F			

Allergies/Medical Information/Special Needs (eg. ASD, ADHD etc) _____

Who brought the children to church? _____

Does child/ren live with? both parents Mum only Dad only
 alternate weekends

Please list any custody issues with your children _____

Parent/Guardian on site during the service? Yes/No Name: _____

If not, emergency contact number: _____

PARENT'S CONSENT:

If during any part of the childrens program, urgent attention is required by my child, i authorise the leader in charge to take such action as may be necessary and i agree to indemnify C3 Church and its authorised official from all responsibility thereto.

SIGNED _____ DATE _____

PRIVACY STATEMENT: we only collect information where it is necessary to do so to provide a service to you, or where we are required by law to do so. Access to your personal information is restricted to staff and support staff in order to provide a service to you. Your details are not generally available to everyone. We will not pass on any of your personal details to any other organisation or third party.