



Children & Youth Registration

Please print clearly



YOUTH

Full names of parents/guardians	
Address	
Email	
Emergency contact number	

Child's full name (please include other names by which child is known, in brackets)	Date of birth	School year	Please circle gender	Medical conditions / special requirements etc.
CRECHE — all children up to 2 years old				
		N/A	boy / girl	
		N/A	boy / girl	
C ZONE — all children aged 2-11 (Nursery, Primary school: Reception to year 6)				
			boy / girl	
			boy / girl	
			boy / girl	
			boy / girl	
YOUTH — all children aged 11-18 (Secondary school: years 7 to 13)				
			boy / girl	
			boy / girl	
			boy / girl	

Is there anything else we should be aware of? _____

Will your child be attending weekly/monthly or just visiting? _____

Data Protection

The information on this form will only be seen by All Souls staff and will never be given to a 3rd party. I agree that All Souls Langham Place may use the information on this form. I agree to my children attending the above groups. I agree that I am responsible for my child/ren getting to and from the above groups. I understand that images (moving or still) including my child/ren may be used in All Souls publications and on the website, with discretion.

Signed (parent / guardian) _____ **Date** _____