Registration form



Corps			name of parent with parental responsibility	
Children's Activity				
This information is required for the purposes of administering the group, and will not be included in any other database, nor will it be passed to any third party, unless in the interest of safeguarding your child. It may be used by the group leaders to contact parents or children. It will be held confidentially at the corps, updated when appropriate and destroyed when no longer required. You have the right to ask for a copy of your information and correct any inaccuracies.			address (if different from above)	
child's full name		MF	post code	
known as	date of birth			
address			Relevant information we should know: Known allergies (including face paints, sunscreen etc)	
post code				
			Special needs	
telephone home				
mobile				
parent's email				THISALV

United Kingdom Territory with the Republic of Ireland

Health problems	Emergency contact name:	
	Emergency contact number:	
	Who will normally collect the child from the group?	
Behavioural difficulties		
	Agreed password for collecting your child if the designated person cannot come*	
Dietary needs	*This password should be written down, not spoken, in the event of needing to be used If there is any reason why someone should not be able to collect your child (ie an estranged partner) please tell the group leader.	
	It may be that sometimes your child will be contacted by an adult leader by means of a text or email directly to older children. If this happens, as the parent you should be copied in to the message and also another adult leader. Please indicate if you are happy for this to happen yes no	
Other	signed	
	print name	21
	Are you a parent with parental responsibility? yes no	
	date	