

**PRIVATE AND CONFIDENTIAL**

**Registration Form**

Full name of Child: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B \_\_\_\_\_

School year: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Please provide details of any medication, medical problem, food allergies:

\_\_\_\_\_

\_\_\_\_\_

Is there any further information Hope! Kidz need to be aware of?

\_\_\_\_\_

\_\_\_\_\_

I give permission for my child (as above) to participate in Hope! Kidz Program. I have not withheld any information intentionally which Hope! Kidz leaders require and I agree to inform Hope! Kidz of any change in details.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I am happy for photographs to be taken and used for the publicity of and use within Hope! Church.

Yes / No

I am happy for videography to be taken and used for the publicity of and use within Hope! Church.

Yes / No

*Once you have filled out the form please hand into Hope! Kidz to register your child or alternately post to Musselburgh (49 Bridge Street, Musselburgh, EH21 6AA) or Edinburgh (107 McDonald Road, Edinburgh, EH7 4NW)*