

Student 1 Name:

## onport Children & Youth Information Form 2024

Date of Birth:

Please complete the following form for all young people Grades K-12 and pre-school who will be participating in Children, Youth, Sunday morning Creche and MOPs activities during 2024 organised by Devonport Church of Christ.

The following information will help us offer responsible care for your child. Please provide any information that will help leaders ensure the safety of your child. Please notify us of any changes as soon as possible.

**Student Information** 

School:				Grade in 2024:		
Medical / Allergy Information						
I would like to register for:	_	□ Ignite Youth – Junior & Senior Gr 6-12 □ Ignite Kids K- Gr 6 (10:30am Sunday) □ Crèche 18 mth+ (10:30am Sunday) □ MOPs				
Student 2 Name:				Date of Birth:		
School:				Grade in 2024:		
Medical / Allergy Information						
I would like to register for:	□ Ignite Youth — Junior & Senior Gr 6-12 □ Ignite Kids K- Gr 6 (10:30am Sunday) □ Crèche 18 mth+ (10:30am Sunday) □ MOPs					
Student 3 Name:				Date of Birth:		
School:				Grade in 2024:		
Medical / Allergy Information						
I would like to register for:	□ Ignite Youth — Junior & Senior Gr 6-12 □ Ignite Kids K- Gr 6 (10:30am Sunday) □ Crèche 18 mth+ (10:30am Sunday) □ MOPs					
Parent/Guardian Information						
Parent/Guardian Name(s):						
Address:						
1st Contact number:			2nd Contact Number			
Email:				•		
How would you like to receive program information?		□Post □Text □Email (Please tick as many as you wish)				
	•					

For Ignit	e Kids please list the name and co	ation – Please list someone no ntact details of the adult that y 't come with a parent/carer	
Name:		Relationship to child(ren)	
Primary Contact		Mobile:	
Ple	ase attach any other information y	ou would like us to know, to he	elp care for you child(ren).
	Extra Permissions (	Not compulsory and only va	alid if ticked)
promotional materio		-	used in sensitive and appropriate ways f sites, multimedia presentations, displays
□ Please tick the box	if you <b>DO NOT</b> give permission fo	r your child's picture to be used	l in this way.
	or my child to be driven by a Churc Christ's full policy and rules for church app		or youth activities* (Not Compulsory) ennedy on the details below.
□ I allow my child to	be their own signatory for sign in/	out (Grade 11+ Only)	
	Consent (Please	e sign below to provide your	consent)
	ers acquiring for this child medical xpenses incurred on behalf of this	•	t of an emergency; and agree to pay all
around the local are child attending yout		vater activities, bonfires, ball sp or them to participate in the ac	may include but is not limited to: trips ports and others. I understand that by my tivities planned.
I understand that m	child needs to be signed in and o	ut of programs each week by ar	n adult.

Signature:

Date:

Parent / Guardian Name: