

Children & Youth Information Form 2026

Please complete the following form for all young people from pre-school to grade 12 who will be participating in Sunday morning Crèche, Mum Co, Children and Youth activities during 2026 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			
Student 1 Name:		Date of Birth:	
School:		Grade in 2026:	
Medical / Allergy Information			
I would like to register for:	<input type="checkbox"/> Ignite Youth – Junior & Senior Gr 6-12 <input type="checkbox"/> Ignite Kids K- Gr 6 (10:30am Sunday) <input type="checkbox"/> BoyZone – Gr 3-5 <input type="checkbox"/> Crèche 18 mth+ (10:30am Sunday) <input type="checkbox"/> Mum Co		
Student 2 Name:		Date of Birth:	
School:		Grade in 2026:	
Medical / Allergy Information			
I would like to register for:	<input type="checkbox"/> Ignite Youth – Junior & Senior Gr 6-12 <input type="checkbox"/> Ignite Kids K- Gr 6 (10:30am Sunday) <input type="checkbox"/> BoyZone – Gr 3-5 <input type="checkbox"/> Crèche 18 mth+ (10:30am Sunday) <input type="checkbox"/> Mum Co		
Student 3 Name:		Date of Birth:	
School:		Grade in 2026:	
Medical / Allergy Information			
I would like to register for:	<input type="checkbox"/> Ignite Youth – Junior & Senior Gr 6-12 <input type="checkbox"/> Ignite Kids K- Gr 6 (10:30am Sunday) <input type="checkbox"/> BoyZone – Gr 3-5 <input type="checkbox"/> Crèche 18 mth+ (10:30am Sunday) <input type="checkbox"/> Mum Co		

Parent/Guardian Information			
Parent/Guardian Name(s):			
Address:			
1st Contact number:		2nd Contact Number	
Email:			
How would you like to receive program information?	<input type="checkbox"/> Post <input type="checkbox"/> Text <input type="checkbox"/> Email (Please tick as many as you wish)		

Please make sure over the page is completed as well.→

Emergency Contact Information – Please list someone not listed above
For Ignite Kids please list the name and contact details of the adult that your child attends church with if they don't come with their parent/guardian

Name:		Relationship to child(ren)	
Primary Contact		Mobile:	

Please attach any other information you would like us to know, to help care for you child(ren).

Extra Permissions (Not compulsory and only valid if ticked)

At Children & Youth events photos or videos may be taken. These media items may be used in sensitive and appropriate ways for promotional material of the church. This includes but is not limited to, brochures, websites, multimedia presentations, displays, advertising and other printed/electronic material.

- ☐ Please tick the box if you **DO NOT** give permission for your child's picture to be used in this way.
- ☐ I give permission for my child to be driven by a Church approved "P Plater" drivers for youth activities* *(Not Compulsory)*
For Devonport Church of Christ's full policy and rules for church appointed drivers please contact James Kennedy on the details below.
- ☐ I allow my child to be their own signatory for sign in/out (Grade 11+ Only)
- ☐ I give permission for my child to be contacted directly about programs (if ticked, please provide their mobile or email)

Name: _____ Mobile: _____ Email: _____

Consent (Please sign below to provide your consent)

I consent to the leaders acquiring for this child medical services necessary in the event of an emergency; and agree to pay all associated medical expenses incurred on behalf of this child.

I give permission for my child to participate in Children & Youth Group activities that may include but is not limited to: trips around the local area with church approved drivers*, water activities, bonfires, ball sports and others. I understand that by my child attending youth events, consent has been given for them to participate in the activities planned.

Please note: Certain events will require separate permission forms.

I understand that my child needs to be signed in and out of programs each week by an adult.

 Parent / Guardian Name:

 Signature:

 Date:

For any issues or questions regarding this form please contact James Kennedy (Kids Ministries Leader) on

Office – 6424 3441 Email - james@devonportcoc.com.au