CCKids New Registration Form

Name of child 1

| First name | Last Name: | Date of Birth: |
|---------------------|-----------------------|--|
| | | / inclusion issues we need to be aware of: |
| Name of child 2 | | Date of Birth: |
| | | / inclusion issues we need to be aware of: |
| Name of child 3 | | Date of Birth: |
| Gender: | _ any medical/ social | / inclusion issues we need to be aware of: |
| Parent/ Guardian de | | |
| Name and Address | | <u>email</u> |
| Home phone number | | Mobile number |

| I am/ we are happy to receive general emails | Yes/ no (please circle) |
|---|-------------------------|
| I am/ we are happy to be receive general mobile text messages | Yes/ no (please circle) |

| church website or facebook page. | to be photographed/ videoed for the |
|---|-------------------------------------|
| I/ we give consent/ do NOT give consent | : for |
| to take part in a church service presenta | tion when livestreaming is on. |
| | for to take part in |
| a church service without livestreaming. | |
| Any other information that might be rele | avent to CCVida |