



NEW FAMILY REGISTRATION FORM

Parent or Guardian Full Name	
Mobile number	
Email address	
Alternate contact	
Relationship	
Mobile number	

Child 1 Name & DOB	
Child 2 Name & DOB	
Child 3 Name & DOB	
Please note any known allergies / illnesses that the team should be aware of & relevant child	

Please check if you do not want to be added to our church database (for speedy Checkin in future)

Please check if you do not want images or video of your child/ren to be used for marketing / promotional uses including website and social media

Parent / Guardian signature _____.

Date _____.