

CHILDREN AND YOUTH REGISTRATION 2015-16



Child's Name:

Age: ____ Grade: ____

Birth date:

Allergies or Special Needs:

Email (if they have one):

Cell Number (if they have one):

Child's Name:

Age: ____ Grade: ____

Birth date:

Allergies or Special Needs:

Email (if they have one):

Cell Number (if they have one):

Child's Name:

Age: ____ Grade: ____

Birth date:

Allergies or Special Needs:

Email (if they have one):

Cell Number (if they have one):

Parent/Guardian(s) Names: _____

Parent/Guardian Email(s): _____

Parent/Guardian Phone Number(s): _____

Address(es): _____

Best Way to Reach Me: Phone Call Text Message Email Other _____

Photography and Video Consent Form

(To be filled out by parent/guardian of children/youth under the age of 18)

All Saints Kingsway recognizes the need to ensure the welfare and safety of all children and youth.

We will not permit photographs, video or other images of children and youth to be published without the consent of the parents/guardians.

All Saints Kingsway will take all steps to ensure these images are used solely for the purposes they are intended and according to our photography policy.

I, (parent/guardian) _____,

consent to All Saints Kingsway photographing or videoing

(name of child/ren) _____

_____.

Date: _____