

EBCG CHURCH FOR KIDS

Child Registration Form

Please initial if we may include your child's photo here.

In order to maintain accurate records and to assist in planning our children's program, we would be grateful if you will provide us with the following information

Family name:		
Children's names:		
1.	Date of Birth:	
2.	Date of Birth:	
3.	Date of Birth:	
4.	Date of Birth:	
Mother's Name		
Father's Name		
Address		
Telephone (Home)	Mobile (mother)	Mobile (Father)
Email (mother)	Email (Father)	

Other Relevant information:

School children attend _____

Children's home language: _____

Is there any information regarding your child/children that you think we should know, e.g. Allergies, medical conditions, learning difficulties? *This information will only be brought to the attention of those who care for your child/children during your absence.*

We sometimes take photos of church activities which may be used in displays and EBCG publications. If you do not wish your child's photograph to be published in this way please tick

At some point during the year, we will ask all parents to be an assistant in one of the C4K classes. If you are able to be involved in any other way please indicate. We may call upon you to assist a

Signed: _____ Date: _____

****Please return this form to Rahel Cascioli or Katie Wilkinson E-mail: rahel_cascioli@yahoo.com or katie@ebcg.ch Mobile: R:076 302 8779 or K: 079 673 26 71****