****

**KIDS WEEKEND REGISTRATION FORM: UNDER THE SEA ADVENTURE 7-9 March 2025**

**CHILD’S INFORMATION**

|  |  |
| --- | --- |
| **NAME** |  |
| **AGE/ DATE OF BIRTH** |  |
| **MEDICAL/DIETARY/****OTHER RELEVANT****INFROMATION** |  |

**PARENT/GUARDIAN INFORMATION**

|  |  |
| --- | --- |
| **NAME** |  |
| **ADDRESS** |  |
| **CONTACT PHONE** |  |
| **EMAIL ADDRESS** |  |

**WHICH SESSIONS ARE YOU PLANNING TO BRING YOUR CHILD TO?**

**(Don’t worry if you later find you want to attend the ones you don’t tick)**

|  |  |
| --- | --- |
| **FRIDAY EVENING 4-6PM**(Food is provided from 3pm to enable you to come straight from school) |  |
| **SATURDAY (10:30am – 3:15pm – attend all day of during thee times, see poster for programme details** |  |
| **SUNDAY MORNING 10:30AM-12PM**(Activities during our KIDS Church). |  |
| **SUNDAY PLAY CHURCH 4-6pm** |  |

**GIVING YOUR CONSENT**

**We need to gather the above information in line with GDPR regulations, in order to…**

* Ensure the safety and wellbeing of children taking part in our activities.
* Contact you in the event of an emergency.

**In addition, we would like you permission to (tick box)…**

* Send your child a certificate for attending.

Inform you of future kids weekends and other similar activities

PLEASE NOTE: IF YOU DO NOT GIVE CONSENT BELOW, WE WILL BE UNABLE TO CONTACT YOU FOR THESE REASONS…

**CAN WE CONTACT YOU BY…**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| **POST** (The certificate needs to come this way) |  |
| **EMAIL**  |  |

  |

|  |  |
| --- | --- |
| **PHONE** |  |
| **TEXT MESSAGE** |  |

 |

**CAN WE TAKE PHOTOS AND USE THEM?**

|  |  |
| --- | --- |
| **NO:** DON’T TAKE PHOTOS AT ALL(Please note: we cannot guarantee photos might not be accidently taken but they will not be used and will be deleted immediately upon discovery) |  |
| **YES:** USE THEM FORTHE SUNDAY SESSION VIDEO |  |
| **YES:** USE THEM FOR INTERNAL PUBLICITY |  |
| **YES: U**SE THEM FOR EXTERNAL PUBLICITY (POSTERS) |  |
| **YES:** USE THEM FOR SOCIAL MEDIA |  |
| **YES:** USE THEM FOR THE CHURCH WEBSITE |  |
| **YES:** KEEP THEM FOR ARCHIVES |  |

You can grant consent to all the purposes; one of the purposes or none of the purposes. Where you do not grant consent, we will not be able to use your personal data; except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm. You can find out more about how we use your data from our “Privacy Notice” which is available from our website or from the church office.

You can withdraw or change your consent at any time by contacting the office at Alsager Community Church, 5 Lawton Road, Alsager, S-O-T, ST72AA or communitychurch.acc@gmail.com.

Please note that all processing of your personal data will cease once you have withdrawn consent, other than where this is required by law, but this will not affect any personal data that has already been processed and used prior to this point.

|  |  |
| --- | --- |
| SIGNED |  |
| PRINT NAME |  |
| DATE |  |

**EXTRA CHILD’S INFORMATION**

|  |  |
| --- | --- |
| **NAME** |  |
| **AGE/ DATE OF BIRTH** |  |
| **MEDICAL/DIETARY/****OTHER RELEVANT****INFROMATION** |  |

**CHILD’S INFORMATION**

|  |  |
| --- | --- |
| **NAME** |  |
| **AGE/ DATE OF BIRTH** |  |
| **MEDICAL/DIETARY/****OTHER RELEVANT****INFROMATION** |  |
| **PARENT/GUARDIAN** |  |

**CHILD’S INFORMATION**

|  |  |
| --- | --- |
| **NAME** |  |
| **AGE/ DATE OF BIRTH** |  |
| **MEDICAL/DIETARY/****OTHER RELEVANT****INFROMATION** |  |
| **PARENT/GUARDIAN** |  |

**CHILD’S INFORMATION**

|  |  |
| --- | --- |
| **NAME** |  |
| **AGE/ DATE OF BIRTH** |  |
| **MEDICAL/DIETARY/****OTHER RELEVANT****INFROMATION** |  |
| **PARENT/GUARDIAN** |  |