



CHELMSFORD  
CATHEDRAL

## JUNIOR CHURCH REGISTRATION FORM

### Child's Details

Full name of child \_\_\_\_\_ Male/Female

Date of birth \_\_\_\_\_ Date of baptism (if applicable) \_\_\_\_\_

Please list any MEDICAL conditions \_\_\_\_\_

Please list any FOOD allergies \_\_\_\_\_

### Parent/Guardian contact details

First and Surnames of Parents/Guardians \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Telephone number \_\_\_\_\_ Mobile number \_\_\_\_\_

Email \_\_\_\_\_

### Emergency contact details

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post code \_\_\_\_\_

Telephone number \_\_\_\_\_ Mobile number \_\_\_\_\_

Please tick if you consent to photographs of your child being taken which may be used in publicity material

Please tick if you consent to First Aid being administered to your child

Please tick if we can keep your details on our mailing list

Signed: \_\_\_\_\_

Date: \_\_\_\_\_