Dear Parents/guardian’s,

 Your son/daughter is invited to the **REFINED** youth group at **Silver Street community church** on **Friday nights** between **7.30pm & 9pm**. The session is **free** and is open to children in school **years 6-11**. During the session there will be a short talk about the Christian faith.

If you wish for your son/daughter to attend the session please fill in the form below and return it to me at the beginning of your child’s next session.

If you have any questions you can contact me on my email: Gareth.Skyrme@lcm.org.uk

**Registration Form for LCM Clubs or Activities**

**Please fill in one form for each child. Please fill in the WHOLE FORM & WRITE CLEARLY.**

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| **Part A**  |
| **Name of Child:** |
| **Age:** | **Date of Birth:** |
| **Name of Parent/Guardian:** |
| **Home Address:** |
| **Post code:** |
| **Home Tel:** |
| **Emergency Contact Number:** |
|  |
| **NOTE:** This must be a number where we can reach you during the club  |
| **School:** |
|  |
| **Does your child have any special needs or a disability? If so, please ask us for a meeting to discuss how we can best support your child within the group.** |
|  |
| **Please note: If your child requires an inhaler or an allergy pen we will be happy to assist them with your written permission, which will detail a full explanation of how to use the items involve. However, if your child requires regular medication to be administered during the club we would ask you to come in and provide it.**  |

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| **Part B**  |
| Where the answer is yes to any of these Questions please give details: |  |
| Does your child have any medical conditions?(e.g. Hay fever, fits or faints, migraine) | **Yes/No** |
| He she/she had contact with a contagious illness within the last month? | **Yes/No** |
| Is your child on any ongoing medication? | **Yes/No** |
| Is your child known to be allergic or sensitive to anything?(e.g. penicillin, aspirin, other medicines, nuts food products) | **Yes/No** |
| **If yes, please specify:** |
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*Please note: If your child is ill or if they have had contact with a contagious illness you must contact us before you send them back to club. This is to protect other children.*

**All these details comply with our Safeguarding Policy which is available on request.**

**Please note this information will be filed in a secure cabinet and/or on a password protected computer to comply with the Data Protection Act**

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| **Medical Emergency** - In the event of a medical emergency involving my child (when I cannot be contacted), I give permission for an employee of the London City Mission to contact a Doctor or call an ambulance. (Please circle one): **Yes / No** In the event of an illness or accident requiring emergency hospital treatment, I authorise the leaders to sign on my behalf any written form of consent required by the hospital authorities, if the delay required to obtain my signature is considered inadvisable by the doctor or surgeon concerned (Please circle one): **Yes / No** |
| **Part C** |
| **For your child's protection you must specify how they are going to get home.*****Please note: We are not responsible for your child after they leave the* *building.*** |
| a. Will your child make their own way home? (Please circle one):  | **Yes / No** |
| b. Will you pick your own child up after club? (Please circle one):  | **Yes / No** |
| c. Will someone else collect your child? (Please circle one):  | **Yes / No** |
| If yes to c. please give us their name(s) here: |
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|  |
|  |
| ***Please note: Should someone else be collecting your child you must name them here, and if your child needs to leave club early, you must tell us personally in advance. This is to protect your child.*** |
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| **Part D** |
| Our clubs have rules to enable everyone to have fun in a safe environment.The rules are:1. Respect the leaders
2. Respect other young people who are attending the club
3. Have fun!
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| We will need your support in maintaining these rules. If we have any serious issues during club times we will call you and ask you to collect your child early. |
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| Supporters help finance both us and our ministry. From time to time we go and tell them about our work. For this purpose, we would like to take photos from the clubs to show something of what we do. |
|  |  |
| Can we use group photos of the club, which include your child for this purpose?(Please circle one):  | **Yes / No** |
|  |
| Parent/Guardian: | Date: |
| Signed:  |  |

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