





St. Luke's Universal Registration Form: 2017/2018

We would be grateful if **every household** at St. Luke's could complete this form. You only need to include those who attend St. Luke's and if there is only one of you, you only need to fill in the first section.

- **Adult children, lodgers or those in a house share:** Please complete a separate one of these forms for yourself.
- **For those with children** please fill in a separate section for **each child**. This replaces the separate forms for each child for all church children's activities.*
- **For children attending Fusion** please tick the fusion box for each child you agree can attend.

St. Luke's Ramsgate complies with the Data Protection Act 1998. All data given will be held and used in accordance with this act.


Main household contact (Parent / Full Time Carer of any children listed) *Please sign below.*

Name:		Permissions (please tick where appropriate): <input type="checkbox"/> Please include on Play and Praise register.  <input type="checkbox"/> I am happy to receive Fusion emails  <input type="checkbox"/> I am happy to receive church emails <input type="checkbox"/> I consent to my details being shared with other church members <input type="checkbox"/> Please give me a church electoral roll form if I am not already enrolled and qualify <input type="checkbox"/> I am happy to receive a letter addressed to me asking me to consider my financial giving to the church (once a year)
Date of Birth (Optional):	Sex: M / F	
Household Address:		
Postcode:	Phone:	
Email:		

Second adult (if applicable)

Name:		Permissions (please tick where appropriate): <input type="checkbox"/> Please treat as a joint addressee <input type="checkbox"/> Please add to church emailing list as well <input type="checkbox"/> Please give them a church electoral roll form if they are not already enrolled and qualify
Date of Birth (Optional):	Sex: M / F	
Phone:		
Email:		

Child 1


Name:		Permissions (please tick where appropriate): <input type="checkbox"/> I consent to my child being included in any photos taken for church publicity. <input type="checkbox"/> I consent to my child being included in photos shared on the church website or social media <input type="checkbox"/> I consent to this child attending Fusion on Friday evenings (if in school Year 6 or above). 
Date of Birth:	Sex: M / F	
*Emergency contact name and phone number:		
*G.P.s name and phone number:		
Any known allergies or medical conditions:		

Please turn over for other children, then sign below


***For parents and full time carers:** I give permission for my child(ren) to take part in the normal weekly activities of *St. Luke's Ramsgate* (including *Friday night Fusion* if indicated). I understand that the leaders will take all reasonable care in looking after my child(ren) but they cannot necessarily be held responsible for any loss or damage to property. I understand that my child(ren) may sometimes appear in photographs and/or videos taken at Group activities and that these photographs/videos will only be shown to those connected with the Group. In an emergency, if I cannot be contacted despite all reasonable attempts to do so by the leaders, I give permission for my child(ren) to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities.

Signature of main contact / parent / full time carer: _____ **Date:** _____


Child 2

Name:		Permissions (please tick where appropriate): <input type="checkbox"/> *The emergency contact, G.P. name and phone number are the same as for the previous child. <input type="checkbox"/> I consent to my child being included in any photos taken for church publicity. <input type="checkbox"/> I consent to my child being included in photos shared on the church website or social media <input type="checkbox"/> I consent to this child attending Fusion on Friday evenings (if in school Year 6 or above). 
Date of Birth:	Sex: M / F	
*Emergency contact name and phone number:		
*G.P.s name and phone number:		
Any known allergies or medical conditions:		


Child 3

Name:		Permissions (please tick where appropriate): <input type="checkbox"/> *The emergency contact, G.P. name and phone number are the same as for the previous child. <input type="checkbox"/> I consent to my child being included in any photos taken for church publicity. <input type="checkbox"/> I consent to my child being included in photos shared on the church website or social media <input type="checkbox"/> I consent to this child attending Fusion on Friday evenings (if in school Year 6 or above). 
Date of Birth:	Sex: M / F	
*Emergency contact name and phone number:		
*G.P.s name and phone number:		
Any known allergies or medical conditions:		

Child 4

Name:		Permissions (please tick where appropriate): <input type="checkbox"/> *The emergency contact, G.P. name and phone number are the same as for the previous child. <input type="checkbox"/> I consent to my child being included in any photos taken for church publicity. <input type="checkbox"/> I consent to my child being included in photos shared on the church website or social media <input type="checkbox"/> I consent to this child attending Fusion on Friday evenings (if in school Year 6 or above). 
Date of Birth:	Sex: M / F	
*Emergency contact name and phone number:		
*G.P.s name and phone number:		
Any known allergies or medical conditions:		

Child 5

Name:		Permissions (please tick where appropriate): <input type="checkbox"/> *The emergency contact, G.P. name and phone number are the same as for the previous child. <input type="checkbox"/> I consent to my child being included in any photos taken for church publicity. <input type="checkbox"/> I consent to my child being included in photos shared on the church website or social media <input type="checkbox"/> I consent to this child attending Fusion on Friday evenings (if in school Year 6 or above). 
Date of Birth:	Sex: M / F	
*Emergency contact name and phone number:		
*G.P.s name and phone number:		
Any known allergies or medical conditions:		

Please make sure you turn over and sign

(If there are more than 5 children in your household please attach another form)