

VISITORS' attendance form

for Children's programs @ West Preston Baptist Church

The information in this form is collected for the purposes of ensuring we have enough information about your child to keep them safe today. It is to be completed prior to your child joining a children's program.

The information on it will be made available to the Children's ministry leaders, and their helpers as necessary. These forms will be stored in a private folder used only by the Children's ministry team.

If you are happy for us to stay in touch with you, please include some contact details as well.

CHILD'S PERSONAL DETAILS

Surname:

Given name:

Date of birth:

Year level this year:

Phone number *(optional)*:

Email address *(optional)*:

CONFIDENTIAL MEDICAL INFORMATION

The information below is requested to assist in case of any illness or accident, and will be held in confidence.
The information may be passed on to medical care providers in the event of an emergency.

Does your child have any allergies, dietary requirements, special needs or medical conditions that we should be aware of? If so, please describe:

PERMISSION

I consent to my child being involved in the children's ministry programs at West Preston Baptist Church today. I will encourage my child to cooperate with the leaders and other children.

SIGNATURE OF PARENT/GUARDIAN:

Name: _____ Signature: _____ Date: _____