

Lighthouse Kidz Club Registration

Full Name of child: _____

Preferred Name: _____

School Year _____ Age: _____ DOB: _____

Names of parents/ carers: 1. _____

2. _____

Mobile number of parents/ carers: 1. _____

2. _____

Does your child have any allergies? Yes/ No (Please circle)

Please provide details:

Does your child have any medical conditions or special needs we should be aware of?
Yes/ No (Please circle)

Does your child need any extra support in group situations? Yes/No

Please provide any necessary details:

I am happy for my child's picture to be used for: publicity; in print; on social media; on Hope Church Website

I would not like my child's picture used for publicity; in print; on social media; on Hope Church Website (Delete as required)

I declare the above to be true.

Parent signature: _____ Date: _____

This information is used in accordance with the General Data Protection Regulations (GDPR): *It will be stored securely and available only to the leaders of Lighthouse Kidz Club and its administration team.*