



REGISTRATION FORM

Child 1: _____ D.O.B _____

Child 2: _____ D.O.B _____

Child 3: _____ D.O.B _____

Child 4: _____ D.O.B _____

Parent/Caregiver Name: _____

Parent/Caregiver Email: _____

Emergency Contact Number: _____

Does your child/ren have any allergies we should be aware of? Yes No

Does your child/ren have any medical or additional needs that we should be aware of?

Yes No



(For pre-school aged children) Is your child(ren) toilet trained? Yes No

Comments:

I give permission for my child(ren) to be photographed and images used on the Citywest church website and social media accounts: Yes No

I acknowledge that participation in Citywest Kids involves certain risks and could result in personal injury despite precautions being taken by Citywest Church and its volunteers.

I understand that Citywest Church is not responsible for my child/ren before they are checked-in and after being checked-out of the Citywest Kids Program.

Parent Signature: _____ Date: _____