

Tool

Attendee Information Form

C/2.1.4.4				
Purpose For use in any children's ministry a concurrent parents' ministry activ parents to inform you if details ch Congregation:	ity (e.g. Sunday School)			
Program:				
Please tick one of the following:	Trial	☐ Enrol	Visiting	Date:
Family Details Parents/guardian's name: Address:				
City:	Post code:	Phone:		
Email:				_
☐ Please keep me up to date wi	th information and nev	VS		
I do / do not grant the Uniting Chu any member of my family during t and publish the images for any lav below indicates that I have read a Parent/guardian signature:	he abovementioned ac vful purpose to highligh	tivities. I authoris	se the Uniting Chu s ministry with ch	rch to copyright use
Child Details Child's full name: Your relationship to child:				
Date of Birth:	Age:		Grade/ Year	Level:
Gender: Female / Male	0			
Health concerns/ allergies:				
Additional needs:				
Action plan for health and addition	nal needs (attach if nee	eded:		
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Please complete page 2 of the form to provide details of additional children.

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Child Details								
Child's full name:								
Your relationship to child:								
Date of Birth:	Age:	Grade/ Year Level:						
Gender: Female / Male								
Health concerns/ allergies:								
Additional needs:								
Action plan for health and additional ne	eds (attach if needed:							
Child Details								
Child's full name:								
Your relationship to child:								
Date of Birth:	Ago:	Grade/ Year Level:						
	Age:	Grade, real Level.						
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Your relationship to child:								
Date of Birth:	Age:	Grade/ Year Level:						
Gender: Female / Male								
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Additional needs:								
Action plan for health and additional needs (attach if needed:								

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Revisions

Documen	t number	C/2.1.4.4_v2.0					
Version	Approval date	Approved by	Effective date	Policy owner	Policy contact		
2.0	02.01.2020	Manager, Risk and Compliance	30.01.2020	ED Risk and Assurance	Safe Church Assurance and Support Officer		
Next scheduled review 30.01.2025							