



*Our aim is for people to come to Jesus, grow in Him and go out to serve Him.*

## P4 Registration 2018/19

Young person's name	
Date of Birth	
School Year	
Parent/carer's name	
Contact number	
Email	

### Important information

Please list any medical conditions, including allergies and any prescribed medication	
Please list any other information you think would be useful for us to know	
Alternate Contact (relationship to young person)	
Alternate Contact number	

### Collection Arrangements (please tick one box)

My young person may leave on their own	<input type="checkbox"/>	My young person will be collected	<input type="checkbox"/>
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**Declaration:** I consent to the young person named above to take part in P4 activities at Emmanuel Church and for our personal data to be stored and used to contact us in the future about P4.

Signed (parent/guardian)

Date

*Details about how we use your personal data can be found in Emmanuel's Privacy Policy which is available on our website. You can remove your consent at any time by contacting the Emmanuel office.*

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