



Christ Church Stannington  
Kid's Church Contact Form



Child's name \_\_\_\_\_ Date of birth \_\_\_\_\_

Parents' names \_\_\_\_\_

Emergency contact numbers \_\_\_\_\_

\_\_\_\_\_

Parent email contact \_\_\_\_\_

**Medical / Dietary Needs**

Does your child have any dietary needs or allergies? **Yes / No**

If yes, please give details.

\_\_\_\_\_

Does your child have any medical or additional needs we should know about? **Yes / No**

If yes, please give details.

\_\_\_\_\_

I give permission for my child to have a biscuit and a drink at snack time. **Yes / No**

I understand that I need to sign my child **in and out** of each kid's Church session.

Signed parent / guardian \_\_\_\_\_