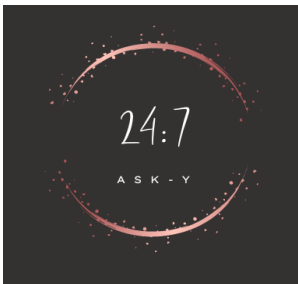




Youth Visitor Form



Child's Name..... D.O.B

Parent/ Guardian Name..... Contact Number

Email Address.....

Any medical or dietary issues that may be relevant for group time (ie allergies/ asthma)

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Any additional needs and how we can help your child participate (ie ASD, anxiety) ***(alternatively please speak to person on registration to give more details)***

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I give permission for basic first aid to be administered by a leader if needed: **YES/NO**

I give permission for my child to be photographed (for use in church advertising in services and on the church website). **YES/NO**

I give permission for my child to attend All Saints Kids and Youth (ASK-Y) groups *(Heroes, Adventurers, Youth Group)* where they will take part in crafts, activities, games and be taught from the Bible in an age appropriate way.

Signed:(parent/ guardian)