

NEW DAWN - CHILDREN'S MINISTRY REGISTRATION FORM.
PLEASE RETURN TO - MRS. F. M. BILLINGTON. 8 CALDER ST. PRESTON, LANCS, PR2 1BD
NOT LATER THAN MONDAY 15TH JULY 2011

Groups: 0-Nursery. Reception - Year 2 Year 3 - 6

PLEASE PRINT CLEARLY

Your Details

First Name Surname

Date of Birth Age at Conference Current School Year

Home Address

..... Post Code

Home Telephone Number

Conference Details

Camp Site / Accommodation Address

Contact Telephone Number

(please do not switch off mobile phones you must be available for your child at all times.)

Doctors Details

Doctor's name. Tel No

Address

Please complete the following as appropriate and answer all questions.

Does your child have any **medication** / have any **allergies**? YES NO

If YES, please give details

Does your child have any other specific medical condition or special need? YES NO

If YES, we will contact you before the Conference to discuss any information we may require.

Do you give your consent for your child to be photographed or filmed during the New Dawn Conference?
(This would be for publicity purposes, website, video of concert etc. NB each Mass is filmed which includes the children leaving and returning from their Liturgy.)

I understand that the team members are not trained medical staff and cannot administer any medication or be held responsible for any situation beyond their control.

Signed Parent / Guardian.

To take part in the Children's Ministry all children must be registered with this Ministry. No child will be allowed out of Mass into the Children's tents without wearing the badge which will be supplied at registration. (This includes children accompanied by parents.)