



Piglets Registration Form

Name of Adult.....

Address:

Phone Numbers:

Email address:

Emergency Contact Name/Number.....

Child/Children's names:

Child's Date of Birth:

Parents/Guardian name (if different from above):

Address:

Phone Numbers:

Email address:

Your relationship to the child:

- Parent
- Grandparent
- Childminder
- Family Friend
- Other

Child's Allergies:

Piglets is run by Community Church. We will not share your data with any 3rd party. Do you give consent for Community Church to hold this personal data and understand that you can access it or ask for it to be deleted at any time?

Yes

No

Do you give consent for Piglets to contact you by: Please tick appropriately.

Email

Telephone

Text

Post

I have read the policy and procedures and agree to abide by the rules of the group.

Signed _____

Date _____