



St MARY'S
CADOGAN STREET CHELSEA

St Mary's Rectory
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Registration Form

LAUNCH PAD CLASS 2011 – 2012

6 Year of Age (for Children who do not attend Catholic School)

Please print clearly

SURNAME

FIRST NAME(S) OF CHILD (BOY/GIRL)

FAMILY ADDRESS

.....

TELEPHONE NO

EMAIL ADDRESS

DATE OF BIRTH OF CHILD

PLACE OF BIRTH.....

DATE OF BAPTISM OF CHILD

CHURCH OF BAPTISM.....

ADDRESS OF CHURCH OF BAPTISM

.....

NAME OF FATHER/GUARDIAN.....

RELIGION OF FATHER/GUARDIAN.....

NAME OF MOTHER/GUARDIAN

RELIGION OF MOTHER/GUARDIAN.....

NAME OF PRESENT SCHOOL

PLEASE INDICATE WHETHER YOU ARE A REGISTERED PARISHIONER: Yes / No

Please bring this form with you together with a **copy of your child's baptism certificate**. No certificate, no registration. You are also asked to contribute £10 towards the cost of the course. Please make cheques payable to: *St. Mary's RC Church*. All registration forms with payment must be received in the Parish Office by **Wednesday, 21 September 2011**. *An announcement will be made in the autumn when classes will commence*. For further information, please contact: **St Mary's Rectory, Draycott Terrace, SW3 2QR**.
Telephone: 020 7589 5487. email: chelsea1@rcdow.org.uk

NOTE: Parental consent MUST be completed at time of Registration

PERMISSION: *Please print clearly*

I give permission for _____ to attend the **LAUNCH PAD CLASSES 2011-2012** at St. Mary's Cadogan Street, Chelsea SW3 2QR.

Transport arrangements (for which parents/carers hold responsibility)

When each session is finished, I will (please tick appropriate box)

Collect my child [] Mr/Mrs/Miss _____ will collect my child. []

I am happy for _____ to make his/her own way home. []

Emergency contact details:

Name of Child: _____

Telephone Number: _____ email: _____

Health Risks, any conditions requiring medical treatment including medication (e.g. inhalers, insulin, allergies, asthma):

Parent/Guardian Name: _____
(Please Print)

Signature: _____

Date: _____

Declaration

In the event of an illness or accident, every effort will be made by the event leader to contact me. If for any reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency medical treatment as considered necessary by the medical authorities present.

Signature: _____ Date: _____
(Parent/Guardian)

Consent to display photographs

St Mary's recognises the need to ensure the welfare and safety of all children and young people. St Mary's will follow the guidance for the use of photographs which can be found at the following link:

http://www.csasprocedures.uk.net/chapters/g_crea_safe.html#guide_use_image

If you are not able to view this policy online or if you would like a copy of it please contact the Parish office.

Many parents may wish to take photographs/videos at the First Holy Communion Mass and a professional photographer will be present. If you decide to participate in the event, your consent to photographs/videos being taken will be assumed. It will be your responsibility for deciding how your children are photographed/videoed and for removing them from the immediate area if you are concerned about any aspects of the recording.

I understand that group/activity photographs may be taken during the FHC events and displayed in the Church or on the St Mary's website, in line with the Church's policy and I give my consent to this.

Signature: _____ Date: _____
(Parent/Guardian)