



HILLS KIDS REGISTRATION FORM



Data update only

First time guest

Name of Parent/Guardian \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

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Child 1:

Group: Heroes 1-4 yrs  Legends 5-11yrs

Name of child: \_\_\_\_\_ DOB: \_\_\_\_\_

Male  Female:

Permission to take photos/video footage of child & use for publication/social media? YES  NO

Medical Conditions/Allergies/Notes: \_\_\_\_\_

Will your child be carrying medication? YES  NO

Can your child administer their own medication? YES  NO  Notes: \_\_\_\_\_

Is your child potty trained? Yes  No  Notes: \_\_\_\_\_

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Child 2:

Group: Heroes 1-4 yrs  Legends 5-11yrs

Name of child: \_\_\_\_\_ DOB: \_\_\_\_\_

Male  Female:

Permission to take photos/video footage of child & use for publication/social media? YES  NO

Medical Conditions/Allergies/Notes: \_\_\_\_\_

Will your child be carrying medication? YES  NO

Can your child administer their own medication? YES  NO  Notes: \_\_\_\_\_

Is your child potty trained? Yes  No  Notes: \_\_\_\_\_

Child 3:

Group: Heroes 1-4 yrs  Legends 5-11yrs

Name of child: \_\_\_\_\_ DOB: \_\_\_\_\_

Male  Female:

Permission to take photos/video footage of child & use for publication/social media? YES  NO

Medical Conditions/Allergies/Notes: \_\_\_\_\_

Will your child be carrying medication? YES  NO

Can your child administer their own medication? YES  NO  Notes: \_\_\_\_\_

Is your child potty trained? Yes  No  Notes: \_\_\_\_\_

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Child 4:

Group: Heroes 1-4 yrs  Legends 5-11yrs

Name of child: \_\_\_\_\_ DOB: \_\_\_\_\_

Male  Female:

Permission to take photos/video footage of child & use for publication/social media? YES  NO

Medical Conditions/Allergies/Notes: \_\_\_\_\_

Will your child be carrying medication? YES  NO

Can your child administer their own medication? YES  NO  Notes: \_\_\_\_\_

Is your child potty trained? Yes  No  Notes: \_\_\_\_\_

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Child 5:

Group: Heroes 1-4 yrs  Legends 5-11yrs

Name of child: \_\_\_\_\_ DOB: \_\_\_\_\_

Male  Female:

Permission to take photos/video footage of child & use for publication/social media? YES  NO

Medical Conditions/Allergies/Notes: \_\_\_\_\_

Will your child be carrying medication? YES  NO

Can your child administer their own medication? YES  NO  Notes: \_\_\_\_\_

Is your child potty trained? Yes  No  Notes: \_\_\_\_\_

By signing this form you are confirming that you are consenting to The Hills Church holding and processing your personal data electronically for the purpose of administering the safe and secure running of our children's environments.

I consent to The Hills Church contacting me by:

Post

Phone

Email

We may also keep you informed about news, events and activities at The Hills Church. You can unsubscribe from the church news alerts at any time. Please tick this box if you would like to be added to our mailing list.

Where you do not grant consent we will not be able to use your personal data; (for example we not be able to let you know of upcoming events; except in certain limited situations, such as where required to do so by law or to protect members of the public from serious harm.

You can withdraw or change your consent at any time by contacting [hello@thehillschurch.co.uk](mailto:hello@thehillschurch.co.uk). Please note that all processing of your data will cease once you have withdrawn consent, other than where is required by law, but this will not affect any personal data that already has been processed prior to this point.

I give permission for the above named child/children to take part in the normal activities of their group.

I understand that separate permission will be sought for certain activities. I understand that while involved they will be under the control and care of the group leader and/or other adults approved by the leadership of The Hills Church and that while The Hills Kids Team in charge will take all reasonable care of the children, they cannot necessarily be held responsible for any loss, damage or injury suffered by my child/children during or as a result of the activity.

Declaration: I understand:

- My child/children will receive medication as instructed before or during the event OR as necessary
- Every effort will be made to contact me as soon as possible should my child become ill or have an accident.

Signed (Parent/ adult with parental responsibility): \_\_\_\_\_

Date: \_\_\_\_\_

## The Hills Kids' Toilet Supervision and Assistance Guidelines

### Children in Nappies:

- 1) If a child has a dirty nappy, The Hills Kids Team will contact the parent/guardian to come to the appropriate room as soon as possible.
- 2) Changing of nappies will be done by the parent/guardian.

### Toilets for children needing some sort of assistance:

- 1) Parent/Guardians are encouraged to have their child use the toilet before attending Hills Kids.
- 2) If a child needs to use the toilet, Hills Kids Team members (at least 2) will take the child to the nearest disabled toilet.
- 3) The Hills Kids Team members will set up a the "Potty Training Step" for the child to use if needed.
- 4) The Hills Kids Team Member will assist unfastening + fastening a button on trouser, if the child needs assistance.
- 5) Hills Kids children who may need assistance will never be left unattended as the door will be left partially open. The Hills Kids Team Members will stand outside of the toilet door.
- 6) Children should be assisted in straightening their clothing before returning to the room with other children.
- 6) Any special instructions given by parents/guardians leaving children in Hills Kids will be recorded on the registration sheet ("Sharon can use the toilet, but she needs to be reminded – ask her if she needs to go.").
- 7) If an "accident" should happen, it will be handled by reassuring the child. A Hills Kids Team Member will contact the parent/guardian to come and assist the child in changing clothes, washing up, etc.

### Toilets for children not needing assistance:

- 1) Children will always be accompanied to the toilet area for supervision with at least two of The Hills Kids Team Members.

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I hereby agree and permission for :

\_\_\_\_\_

(child/children's names) to receive toilet assistance from a The Hills Kids Team Member as needed, appropriately, according the The Hills Kids' Toilet Supervision and Assistance Guidelines.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_