

# Biblelots

## Registration Form

St Matthew's Church  
— Growing in Christ —

Child Information	
First name	Last name
Preferred name	Date of birth
Address	
Postcode	Phone:
Email:	
Please list any specific needs your child may have (incl. allergies)	
Are there any family situations we should be aware of?	
Parent/family Information	
Mother's name	Father's name
Siblings attending church	
Emergency Contact during Sunday morning	

### Permission to Participate

I consent to my child taking part in the activities of Biblelots.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### Permission to be Photographed or Filmed

I give my permission for my child to be photographed or videotaped. I understand that the image may be displayed in the church publications, church buildings or website. I understand that as a precaution my child's name will not be published or linked with photographs.

Signed \_\_\_\_\_ Date \_\_\_\_\_

