



2019

YOUTH MINISTRY REGISTRATION & ENROLMENT



newpeninsula
baptist church

Welcome to New Peninsula's Youth Ministry. Please complete this form neatly so our friendly volunteer can read it, and tick the box which describes your circumstances. Thank you.

Regular Attendee at New Peninsula

Date:

Just Visiting

CHILD DETAILS

Surname	First Name	Gender M/F	Date of Birth	School Grade	Name of School

MEDICAL /LEGAL

Information	Child:	Child:	Child:
Medical/Dietary			
Legal/Custody			

PARENT/GUARDIAN DETAILS

	Parent/Guardian 1	Parent/Guardian 2
Name		
Postal Address		
Home Phone		
Mobile Phone		
Email Address		

SPECIAL PERMISSION

	(Please tick)	NA	Yes	No
I give permission for my child/children to be taken off site for official youth group activities. This only refers to activities that are in the termly program and further details of the event will be provided in the weekly parents/guardian message.				
I give permission for my child/children's photo to be used for display and/or promotional purposes				
I give permission for my child/children to be given food (eg fruit, pizza, biscuits, other supper foods and drinks)				
I give permission for my child/children to be Facebook friends with New Peninsula Youth Leaders. Please note that 2 or more leaders must be present in any form of online communication e.g. messenger chat will require a minimum of 2 registered leaders.				
I give permission for my child/children to be contacted directly via email by Youth Leaders				
<ul style="list-style-type: none"> I would like to be cc'd into the emails 				
I give permission for my child to be called or texted directly by New Peninsula youth leaders regarding youth, rookie leading, Real Food, and discipleship matters.				

I understand that neither the New Peninsula Church—Youth Ministry or its Leaders/Helpers will be held responsible for any accident or injury which may occur during the program.

I give permission for my child/children to receive any emergency medical treatment deemed necessary by the Youth Ministry Leaders and medical authorities including blood transfusions and anaesthetics and agree to pay any medical or hospital expenses incurred.

I recognize that Youth Ministry endeavours to support me in the spiritual nurture of my child/children and agree to support the Programs and Leaders by participating from time to time as required and able (in the case of regular attendees).

Signature Full Name
(of person completing this form)

Date Relationship to Child/Children

Privacy Statement: The primary purpose of collecting this information is to enable the Youth's Ministry Department to provide ministry and care for your child/children. This includes satisfying the needs of parents and guardians and the needs of the child/children throughout the whole period he or she is enrolled. Some of the information collected is to satisfy the Church's obligations, particularly to enable the Church to discharge its duty of care. All information regarding children is sensitive information within the terms of the national privacy principles under the Privacy Act. From time to time this information may be given to members of the child/children's Ministry Team or Pastoral Team for the purpose of ministry and care.

FURTHER INFORMATION

If you wish to discuss these issues further with our Youth Coordinator, please ring the church office on 59738888.