



MAKELUNCH REGISTRATION AND CONSENT FORM



Please complete and return the following form to Matthew Stone,
matthew.stone@salvationarmy.org.uk or Reading Central Salvation Army, Anstey Road, Reading, RG1 7JR
 If you require assistance with this form please use the above details or call, 0118 958 3019

Child's details

Child's full name:			
Date of Birth:		Language(s):	
Home Address:			
Postcode:			
Phone number:			
Medical details <i>Allergies, conditions, medications etc...</i>			
Dietary requirements <i>Please be specific</i>			
School:			
Is the child eligible for Free School Meals?			
How did you hear about us?			

Photo permission

Do you consent for your child(ren) to have their photo taken? These images may be used for the promotion of MakeLunch Reading Yes No

Do you consent for images of your child to be used for the promotion of TLG MakeLunch, the national initiative that MakeLunch Reading is a part of? This includes their social media channels, website and printed materials Yes No

Details of parent(s)/carer(s)

We will use this information to keep you up to date with MakeLunch Reading and in case of emergency

Your full name:			
Relationship to child(ren):			
Telephone number:		Mobile:	
E-mail:			

Details of emergency contact

We will use this information in case of emergency

Full name:			
Relationship to child(ren):			
Emergency number:			

Please list all adults (18+ years) who will be coming to lunch with your child(ren) including yourself
See below for additional children

Name	Relationship to child	Dietary requirements/Allergies
PASSWORD: <i>For use by other adults who have to bring and pick up your child(ren) unexpectedly/at short notice</i>		

Consent: I agree for the child(ren) on this form to take part in the activities of MakeLunch Reading. The information I have provided is correct to the best of my knowledge and I will let the appropriate person know should any information change. I consent to Reading Central Salvation Army holding the information on this form for the administration of Make Lunch Reading - keeping in touch; for use in cases of illness, emergency and safeguarding.

Signed:		Date:	
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Second child's details			
Child's full name:			
Date of Birth:		Language(s):	
Medical details <i>Allergies, conditions, medications etc...</i>			
Dietary requirements <i>Please be specific</i>			
School:			

Third child's details			
Child's full name:			
Date of Birth:		Language(s):	
Medical details <i>Allergies, conditions, medications etc...</i>			
Dietary requirements <i>Please be specific</i>			
School:			

Please ask for an additional sheet if you want to register additional children



MAKELUNCH ADDITIONAL CHILDREN REGISTRATION FORM



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Details of parent(s)/carer(s)

We will use this information to keep you up to date with MakeLunch Reading and in case of emergency

Your full name:	
Relationship to children:	

Fourth child's details

Child's full name:			
Date of Birth:		Language(s):	
Medical details <i>Allergies, conditions, medications etc...</i>			
Dietary requirements <i>Please be specific</i>			
School:			

Fifth child's details

Child's full name:			
Date of Birth:		Language(s):	
Medical details <i>Allergies, conditions, medications etc...</i>			
Dietary requirements <i>Please be specific</i>			
School:			

Sixth child's details

Child's full name:			
Date of Birth:		Language(s):	
Medical details <i>Allergies, conditions, medications etc...</i>			
Dietary requirements <i>Please be specific</i>			
School:			