

St Martin's Parish Church

Registration Form for Children belonging to Sunday School

Child's Name:

Address:

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Date of birth: **School Year:**

Parents Names:

Home Telephone: **Work Telephone:**

Mobile Telephone:

Email Address:

Alternative emergency contact:

(Friend or relative – include name and phone number)

Whilst in our care it is important to know whether your child:-

- Suffers from any allergies
- Is on any medication
- Has any health condition we should know about
- Is up to date with tetanus immunisation

Please tell us of any special needs, particularly likes, dislikes or fears your child has.

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Name, address and telephone number of Doctor:

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Emergencies

Should an emergency arise on an outing or mid-week activity your child may need to be taken by ambulance to hospital. Parents will be contacted and informed as soon as possible.

Do you agree with this?

If not, what action would you like to be taken?

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Please let us know if you **DO NOT** want us to include photos including your child on our website, facebook pages and in our newsletter.

Sometimes during a session it may be appropriate to take the children out to look at the local environment. **Do you consent to this?**

Signed: **Dated:**