

**SUNDAY SCHOOL REGISTRATION FORM**

Name (in full): --------------------------------------------------------------- Date of Birth: -------------------

School attending: ---------------------------------------------- Year: --------------------------

Home address: --------------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------- Post Code---------------------

Telephone No: ------------------------------------- Mobile No: ----------------------------------------

Parent(s) / Guardian(s): Address & Tel. No. (if different from above).

Name: -------------------------------------------- -------- -----------------------------------------------------

Name: ------------------------------------------------ --- -------------------------------------------------------

Name: Family email address: ---------------------------------------------------------------------------------------

**Medical or other information:**

Is there anything we should know about your child? e.g. allergy, diet, special needs, learning difficulties, behavioural difficulties (please continue on reverse side if needed). ***This information is important and enables us to support your child.***

--------------------------------------------------------------------------------------------------------------------------

-------------------------------------------------------------------------------------------------------------------------

---------------------------------------------------------------------------------------------------------------------------

**Emergency contact during Sunday School and Church service:**

I will be in the church / building.

Emergency contact name and phone number: -----------------------------------------------------------

-

**Photographs and Video Recordings:**

From time-to-time photographs and video recordings may be taken. This is a way of recording and displaying social events and the life of our Sunday school. *Please tick or delete the following statements as necessary.* I am willing for my child to:

Be photographed and videoed by people authorised to do so.

Be photographed and videoed by other people attending a social event (e.g. relatives).

Have their photograph displayed and video shown within our church buildings.

Appear in the church newsletter, website and local press.

Signed: ----------------------------------------------------------------- Date --------------------------------------- Name: ------------------------------------------------------------------------------------------------------------------

Relationship to Child: ---------------------------------------------------------------------------------------------