Please register my child for

|  |  |
| --- | --- |
| NAME |  |
| ADDRESS |  |
| D O B |  | Contact tel no |  |
| If your child has any health, or dietary needs (including allergies, medication to be administered etc) that are relevant, please provide details including any additional information we may need to know. |
| Please give contact details of the person we should contact in the case of an emergency**First Contact**NameTelephone number**Alternate Contact**NameTelephone number |
| **I give / do not give** [delete as required] permission for photos of my children taken by our official photographer to be used for this church's publicity (church magazine, newsletter, websites). I am aware that this church will always ensure the pictures are respectful in their nature and appropriate to the activity promoted, and that no link can be made between the image of my child and his/her full name, address, email etc. in order to avoid personal information being displayed or accessed publicly. |
| SIGNATURE |  | NAME(please print) |  |
| DATE |  |