



# Sunday School Registration Form

Child's Name	Date of Birth	School & Year

Any known allergies, medical conditions or current medication..... Please give details for each child and continue over side if necessary,

<b>Parent/Guardian Name/s:</b>	
<b>Home Tel no:</b>	
<b>Mobile No:</b>	
<b>Email address:</b>	
<b>Address:</b>	
<b>Family GP &amp; Address:</b>	
<b>Tel No:</b>	
In the unlikely event of illness or accident I hereby give permission for any necessary medical treatment to be given by the nominated first-aider.	Parent/Guardian initial & date:
In an emergency, I give permission for my children to receive hospital treatment, including anaesthetic if necessary. I understand that every effort will be made to contact me as soon as possible.	Parent/Guardian initial & date:
I give permission for my children's photographs to be taken and used (without names) if appropriate. These may appear on our church website	Parent/Guardian initial & date:
I give permission for the above details to be kept on St Thomas' protected database for one year.	Parent/Guardian initial & date:
I will notify the Sunday School leader should I not be present in church on any given Sunday when our child/ren attend Sunday School.	Parent/Guardian initial & date:

**Signed Parent/Guardian** ..... **Date:** .....

**Print Name** .....