



Please print, complete & return
to The Revd. Sarah Hutton

There's an electronic
version as well



Registration for Shere Sunday School 'Sunday Explorers' 2012/3

To be completed annually - **One form per child**

Family Contact Details

Child's **Full** Name

Date of Birth

My child is usually known as

School: School year Group:

Full name(s) of parent(s)/guardian(s):

Home Address

..... Post Code:

Home email(s): and

My/our home landline tel. number:

My/our mobile number(s) and

These numbers will be used should the need arise whilst your child is in our care and you are not in church.

LOCALLY LIVING ALTERNATIVES which will only be used should the need arise whilst your child is our care, you are not in church AND we are unable to contact you.

Name(s):

Relationship e.g. Nan & Grandpa, Family friends:

Home Address:

..... Post Code:

Home landline Tel number:

Mobile number(s) and

About your Child

Whilst your child is in our care it would be helpful for us to know whether he/she suffers from any allergies, is on any medication or whether there is anything else you would consider important for us to know, e.g. does your child have any special needs?

- Does your child have any food allergies? (Please specify)
.....
- Does your child have any medical conditions? (Please specify)
.....

- Is s/he on medication? (Please specify)

.....

- Does s/he have any special needs? (Please specify)

.....

- Is there anything else you would like us to know about your child?

.....

- Family doctor's name, address and telephone number

.....

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Declaration

I give permission for my child to attend Shere Sunday School. My child will be brought to Shere School. They will be walked from Shere School to St James' Church to join in the end of the service and from where they will be collected at the end of the Service. I will inform the leaders who will be collecting should it not be his/her parents.

I acknowledge the need for responsible behaviour and obedience on his/her part.

In the event of illness, having parental responsibility for the above name child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitable qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I also undertake to inform the Revd Sarah Hutton as soon as possible if there are any changes to my child's health, medication or needs and also of any changes to our address or phone numbers during the year.

Signed (Parent/Guardian)

.....Date.....



Photo Consent

We sometimes take photographs or video footage which may appear in our printed publications, church notice boards and/or on our website. We will, however, only include images of children in our publicity with the consent of their parents or guardians.

Consent of Parent or Guardian

A

I **DO** consent to images of my child being used and stored, solely for the purposes specified above. *

I **DO NOT** consent to images of my child being used and stored, solely for the purposes specified above. *

(* please delete as appropriate)

B

I **DO** give my consent for my child to be identified by name *

I **DO NOT** give my consent for my child to be identified by name *

(* please delete as appropriate)

Signed (Parent/Guardian)**Date:**