



Children / Youth Work

Registration Form - Sunday School /
10 -12+ Group / Youth Group

2021 - 2022

Child / Young persons Name	DOB	Group	School & Year

Please note any known allergies, medical conditions or current medication, in space below.

Parent/Guardian Name/s:	
Address:	
Phone no:	
Mobile no:	
Email Address:	
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:
Photographic Permission Form	PLEASE SEE BACK OF SHEET
I give permission for the above details to be kept on St Thomas' protected database for one year. I consent to communication by email / Whats App Sunday School/YG message group.	Parent/Guardian initial & date:
I will notify the Sunday School leader should I not be present in church on any given Sunday when my children attend Sunday School / 10 - 12+ Group.	Parent/Guardian initial & date:

Signed Parent/Guardian **Date:**

Print Name

To conform with the Data Protection Act, all personal details are kept securely and not shared with any other person or organisation without your consent. Any person is entitled to view their data held by St Thomas' Church Groombridge. WE WILL NOT mail shot you or send any info that is not related to St Thomas' Church Groombridge.