Growing Saints - All Saints Church, Brixworth

Sunday School Registration Form - Please complete all sections

School attended:	Date of birth:
	Year:
Home address:	
	Postcode:
Telephone No:	Mobile No:
Parents(s) / Carer(s):	Address & Tel. No. (If different from above)
Name:	
Name:	
Family email address:	
Medical or other information:	
	your child? e.g. allergy, diet, special needs, learning difficulties, behavioural ide if needed). This information is important and enables us to support your
Siblings attending Sunday School - na Emergency contact during Sunday School	
I will be in church	illoor and Church Service.
	e number:
Emergency contact name and phone	e number:
Emergency contact name and phone Helping at Sunday School:	t the Sunday School on a regular or occasional basis.
Emergency contact name and phone Helping at Sunday School:	
Emergency contact name and phone Helping at Sunday School: Please tick if you are willing to assist Photographs and Video Recordings: From time-to-time photographs and video	
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Emergency contact name and phone Helping at Sunday School: Please tick if you are willing to assist Photographs and Video Recordings: From time-to-time photographs and video events and the life of our Sunday School I am willing for my child to: Be photographed and videoed by perform the photographed and videoed by performance the photographed and videoed by	t the Sunday School on a regular or occasional basis. o recordings may be taken. This is a way of recording and displaying social l. Please tick or delete the following statements as necessary.
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