

St John the Baptist Church Crowthorne Sunday School



Name of child (Please underline the usual first name)	Child 1	Child 2
Date of birth		
School		
Home address		

Contact details

Home number	
Mobile number	
Email address (important for emailed dates and activities)	
Please write yes or no to give permission for us to photograph your children and use them in displays within the church. NB if a specific event e.g. video fun you will receive a special form to fill out with regards to that event.	

Health matters

While your child is in our care, it is important to know whether your child has any of the following:-		
Does your child suffer from any allergies?		
Is your child on any regular medication?		
Does your child have any health condition which we should know about?		
Does your child have any learning/behaviour difficulty?		
Name address and telephone number of your GP		

Your details

Parent/Guardian name, date and signature.	
Address, if different from above	