

Week St Mary Methodist Church

Child's full name:

.....

Gender: M/F

Date of birth:.....

School:

Parent/Guardian's full name:

.....

Address:

.....

Phone number: Landline..... Mobile.....

Email address.....

Does your child have any health, medicinal , dietary or other issues we should be aware of? **Yes/No**

If yes please provide details overleaf or discuss with a Bright Sparks leader.

I give my permission for my child's and my details to be entered on the Church database.

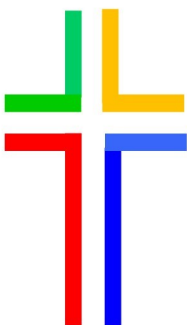
Yes/No

I give permission for my child's photograph/video to be taken during Church activities. [The photographs/video will be used for church purposes only, including church newsletter, website and press releases. Children will never be identified without your express permission].

Yes/No

Parent/Guardian signature.....

Date.....



Week St Mary Methodist Church

Child's full name:

.....

Gender: M/F

Date of birth:.....

School:

Parent/Guardian's full name:

.....

Address:

.....

Phone number: Landline..... Mobile.....

Email address.....

Does your child have any health, medicinal , dietary or other issues we should be aware of? **Yes/No**

If yes please provide details overleaf or discuss with a Bright Sparks leader.

I give my permission for my child's and my details to be entered on the Church database.

Yes/No

I give permission for my child's photograph/video to be taken during Church activities. [The photographs/video will be used for church purposes only, including church newsletter, website and press releases. Children will never be identified without your express permission].

Yes/No

Parent/Guardian signature.....

Date.....

