

St. Andrew's, Alwalton  
**Children's Church**  
Registration Form

|   |  |
|---|--|
| Name of child                                     |  |
| Date of birth                                     |  |
| Name of parent/carer                              |  |
| Address   |  |
| Contact No's                                      |  |
| Any known allergies or medical conditions         |  |
| Further contact name in the event of an emergency |  |
| Contact No's                                      |  |

I give consent for the leaders to act and deal with any emergency as appropriate if the above named cannot be contacted.

Signed:.....Parent/carer      Date:.....