



ST LUKE'S WALLSEND

2019 SUNDAY SCHOOL

CHILD ENROLMENT FORM

PARENTS' DETAILS

Mother / Guardian 1		Father / Guardian 2	
FULL NAME		FULL NAME	
MOBILE		MOBILE	
EMAIL		EMAIL	
ADDRESS		ADDRESS	

CHILDREN'S DETAILS (Please complete any additional children's details on a second form.)

Child 1			Child 2		
NAME			NAME		
D.O.B.			D.O.B.		
GENDER	Male	Female	GENDER	Male	Female
ALLERGIES			ALLERGIES		
DIETARY REQ's			DIETARY REQ's		

Child 3			Child 4		
NAME			NAME		
D.O.B.			D.O.B.		
GENDER	Male	Female	GENDER	Male	Female
ALLERGIES			ALLERGIES		
DIETARY REQ's			DIETARY REQ's		

Emergency Contacts:

In case of illness or medical emergency, please list telephone numbers of two emergency contacts we could contact if we are unable to contact either parent/guardian.

Emergency Contact 1		Emergency Contact 2	
FULL NAME		FULL NAME	
MOBILE		MOBILE	
EMAIL		EMAIL	
ADDRESS		ADDRESS	
RELATIONSHIP TO CHILDREN		RELATIONSHIP TO CHILDREN	

Photo Permission:

I/We give permission for photos and video footage of my/our children to be used on the St Luke's Wallsend website, official social media accounts and for other internet and print purposes, such as promotion of parish activities and events.

Yes / No

Assisting with Sunday School:

Parents are very welcome to assist with teaching or helping during Sunday School lessons. Would you like us to contact you with information about volunteering for Sunday School?

Yes / No

Additional Information:

If there is any additional information you wish to provide, please do so below:

Signed (Mother/Guardian 1): _____ **Date:** _____

Signed (Father/Guardian 2): _____ **Date:** _____