

Register



Child's full name			
Gender	boy / girl	boy / girl	boy / girl
Date of Birth	/ /	/ /	/ /
School			
Current School Year			
Medical conditions			

Register



First Parent/Guardian

Full name _____
 Address _____

 _____ Post Code _____
 Telephone No. _____
 Email _____

Second Parent/Guardian *(if applicable)*

Full name _____
 Address _____

 _____ Post Code _____
 Telephone No. _____
 Email _____

Your details will be stored securely by St Michael's Church and never passed to anyone outside.

I agree that St Michael's Church may use the information on this form. I agree to my child/ren attending the Light groups.

I agree* that images (moving and still) may be used by St Michael's with discretion.
**delete if preferred*

Signed

Date