



Registration Form

Name of child _____

Address _____

Date of birth _____ Age _____ School year _____

Special needs, including allergies & Medication _____

Name of parent/guardian _____

Email _____

Name & phone numbers to contact in case of emergency _____

1st _____

2nd _____

I hereby give permission for _____ (name of child) to take part in activities at St. Georges Church Light Party & my consent for medical treatment or first aid arising out of illness or accident should I not be contactable.

I do/ I do not give permission for my child to be included in photographs.

Signed _____ (Parent/Guardian) Date _____

Please return this form to St Georges Church Office,
St George Road or by email to kathrynhb.stgeorges@gmail.com
Look forward to seeing you there!