

All Hallows by the Tower

Sunday School Registration Form

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|---|--|
| Name of Child: | |
| Date of Birth: | |
| Age: | |
| Date of Baptism: | |
| Date of Confirmation: | |
| Name of parent/guardian: | |
| Address: | |
| Telephone number: | (home): (mobile): |
| E-mail address: | |
| Will you be in church? | Yes / No |
| Does your child have any medical problems, allergies, or is currently taking medications. | <input type="radio"/> No <input type="radio"/> Yes (please specify) |
| Is there anything else we need to know? | <input type="radio"/> No <input type="radio"/> Yes : please specify |

Your signature

Date:

For child protection purposes, we need a minimum of two adults with the group at all times, and parents may be occasionally asked to help. For further information, please contact the Vicar on 020 7481 2928.