

ST. LEONARD'S PARISH CHURCH, DUNFERMLINE

SUNDAY SCHOOL REGISTRATION FORM - Please complete all sections

Should you wish to discuss any aspect of the Sunday School please speak to the Superintendent.

Sunday School Group: _____ Date: _____

Name (in full): _____ Date of Birth: _____

School attended: _____ Year: _____

Home address: _____

_____ Postcode: _____

Telephone No: _____ Mobile No: _____

Parent(s) / Guardian(s): _____ Address & Tel. No. (if different from above).

Name: _____

Name: _____

Family email address: _____

Medical or other information:

Is there anything we should know about your child? e.g. allergy, diet, special needs, learning difficulties, behavioural difficulties (please continue on reverse side if needed). ***This information is important and enables us to support your child.***

Siblings attending Sunday School / Crèche – names / ages:

Emergency contact during Sunday School and Church service:

- I will be in the church / building.
 Emergency contact name and phone number: _____

Helping at Sunday School:

- Please tick if you are willing to assist the Sunday School on a regular or occasional basis.

Photographs and Video Recordings:

From time-to-time photographs and video recordings may be taken. This is a way of recording and displaying social events and the life of our Sunday School. *Please tick or delete the following statements as necessary.*

I am willing for my child to:

- Be photographed and videoed by people authorised to do so.
 Be photographed and videoed by other people attending a social event (e.g. relatives).
 Have their photograph displayed and video shown within our church buildings.
 Appear in the church newsletter, website and local press.

Signed: _____ Date: _____