



NAME OF CHILD

FIRST

LAST

AGE OF CHILD

YEAR GROUP

DOES YOUR CHILD HAVE ANY HEALTH CONDITIONS OR ALLERGIES WE NEED TO BE MADE AWARE OF?

NAME OF PARENT/LEGAL GUARDIAN

FIRST

LAST

CONTACT TELEPHONE NUMBER

EMAIL ADDRESS

DATA CONSENT FOR PARENTS/LEGAL GUARDIANS

I ALLOW ANY PHOTOGRAPHS OR VIDEOS WHICH MY CHILD APPEARS IN TO BE USED IN/ON ST CLEMENT'S:

- PUBLICATIONS
- WEBSITE
- SOCIAL MEDIA - YOUTUBE, FACEBOOK, INSTAGRAM, TWITTER

I CONSENT FOR MY CHILD TO WALK HOME ALONE AFTER ROOTS YES NO

SIGNED

DATE