

# CLEMENTEENIES (CRÈCHE)

## REGISTRATION FORM



ST CLEMENT'S  
CHURCH MANCHESTER

### NAME OF CHILD

<input type="text"/>	<input type="text"/>	<input type="text"/>
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FIRST

LAST

AGE OF CHILD

### NAME OF CHILD (IF APPLICABLE)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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FIRST

LAST

AGE OF CHILD

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

### NAME OF PARENT/LEGAL GUARDIAN

<input type="text"/>	<input type="text"/>
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FIRST

LAST

### CONTACT TELEPHONE NUMBER

### EMAIL ADDRESS

### EMERGENCY CONTACT

### EMERGENCY CONTACT NUMBER

### 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 AND SOCIAL MEDIA:

YES

NO

**SIGNED**

**DATE**