

ST CLEMENT'S KIDS

SIGN-UP FORM FOR GOSPEL KIDS & THE HUB



ST CLEMENT'S
CHURCH MANCHESTER

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 AND SOCIAL MEDIA:

YES

NO

SIGNED

DATE