**Sanctuary Registration Record**

Please take a moment to complete the following information, we would love you to register on ChurchSuite - it’s the easiest way for us to keep in touch with you especially as, in the summer, we are planning some outings.

Blessings,

The Sanctuary Team

Child’s Name:

Child’s Address:

Child’s Date of Birth: DD/MM/YYYY School Year: 7 8 9 10 11 12 13

Does your child have any medical conditions, phobias or allergies we need to know about?

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Is there anything else we need to know about?

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**Emergency Contact 1:**

Parent/Carer Name:

Parent/Carer Contact Number:

Parent/Carer email:

**Additional Emergency Contact:**

Emergency Contact Name:

Relationship to Child:

Emergency Contact Number:

**Permissions:**

Can we contact you by text message? YES NO

Have you completed a separate photo permissions form? YES NO

Would you like electronic copies of all photos we take of your child? YES NO

Can we sign you up to Church Suite? YES NO

Does your child have permission to walk home alone occasionally? YES NO

Would you be prepared to volunteer at Sanctuary? YES NO