

ZION CITY TABERNACLE

Sunday School Registration Form

Student Details

Name		Surname	
Other Names		Preferred Name	
DOB		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
School Year			

Parent / Guardian Information

Relationship		Contact Number	
Name		Mobile Number	
Address			
Post code		Email address	

Alternative Emergency Contact

Name	
Relationship	
Contact Number	

Is your child registered under Local Authority as a Looked After child?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide local authority contact details.	
Name:	
Contact Details:	

ZION CITY TABERNACLE

Local Authority:	
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Safeguarding & Permissions

<p>I give permission for ZCT Sunday School to take my child's picture or video for classroom projects and/or the church website.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>I agree with the behaviour Expectations and will endeavour to support ZCT in upholding the vision we have for our children.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Student Medical Information

<p>Please provide details if your child has any known allergies to food or medicines below.</p>
<p>Please provide details of any current medical conditions below.</p>
<p>Please provide list of any current medications below.</p>
<p><i>If I'm not available and a medical emergency arises, a trained medical practitioner or first aider within the ZCT Sunday School department has my permission to seek medical help and administer emergency medication or treatment and or seek medical advice/help for my child.</i></p>

<i>Print Name</i>	
<i>Signed</i>	
<i>Date</i>	

Your details will be kept safe and secure, only used by ZCT Sunday School, and will not be shared with anyone else.

Thank You