



# ST MARY ABBOTS PARISH CHURCH

*'Serving the Heart of Kensington'*

## CHILDREN ON SUNDAYS REGISTRATION FORM

Today's Date			
Full Names of Parents or Carers (First Name listed will be recorded as primary contact)		Mobile Phone Number (EMERGENCY USE)	Email Address
1			
2			
Family Contact Address			
Post Code		Landline No	
DETAILS OF CHILD(REN)			
Full Name		Date of Birth	Any relevant medical conditions (Allergies,
1	M / F		
2	M / F		
3	M / F		
4	M / F		
Signature			

*At St Mary Abbots we take your privacy seriously and will only use your personal information to prepare documentation.*

*From time to time we would like to contact you with news and details of other services and events. Do you consent to us contacting you for this purpose by Email and Telephone? YES/NO*

**PLEASE RETURN THIS COMPLETED FORM TO MARTINA SADOVSKA C/O ST MARY ABBOTS VESTRY or email: [children@smaw8.org](mailto:children@smaw8.org)**