



Spanish Language Classes

For ages 10-16 years (one form per child)

Please write in **BLOCK LETTERS**

Complete all sections on the form

Child's Name _____

Male Female

Age Information

Child's date of birth _____ Age _____

Parent/Guardian Name _____

Address _____

Phone Numbers

Home/Work _____ Mobile _____ Email _____

Medical Information/Learning Difficulties

(Please include full details.)

Emergency Contacts

Name _____ Phone number _____

Dismissal Information

Who may pick up your child at the end of each Spanish Class? (**State name and relationship to child**) Or if child/teen is to leave alone or with friends please state.

Medical Treatment

I give permission for the appointed First Aid person to decide and administer any relevant first aid treatment which may include administration of plasters. Paracetamol may be administered with the verbal consent of the child's parent/carer.

Signed _____ Date _____

Photographs and Church Website

I give permission for photographs to be taken of my child during the classes. I also give consent that photographs taken may be included on the church website and/or handbills for promotion. No names will appear on these.

Signed _____ Date _____

Please return completed forms to:

South Street Baptist Church
66-68 Greenwich South Street
London SE10 8UN
T: 020 8691 1270
www.southstreetchurch.org.uk

Closing date for submitting Registration Forms:

Monday 25 July 2017