

Post code:

ST Thomas Indian Orthodox Church

West Derby, L12 7JA

(Charity reg. 1110650) www. liverpoolindianorthodoxchurch.org

SUNDAY SCHOOL - REGISTRATION FORM

1.0 CHILD'S DETAILS					
Forename(s):		Surname:			
□ Male □ Female	School Year:	Date of birth (dd/mm/yyyy):			
Child's Email (if available):		Child's Mobile (if available):			
Any known allergies:					
1.1 CHILD'S DETAILS					
Forename(s):		Surname:			
Gale Gemale	School Year:	Date of birth (dd/mm/yyyy):			
Child's Email (if available):		Child's Mobile (if available):			
Any known allergies:					
1.2 CHILD'S DETAILS	1				
Forename(s):		Surname:			
□ Male □ Female	School Year:	Date of birth (dd/mm/yyyy):			
Child's Email (if available):		Child's Mobile (if available):			
Any known allergies:					
2.0					
2.0 MEMBER DETAILS					
STIOC Number (members only):					
2.1 F ATHER'S DETAILS					
Full Name:					
Email:		Mobile:			
2.2 MOTHER'S DETAILS					
Full Name:					
Email:		Mobile:			
3.0 CONTACT DETAILS					
House no./Flat no. & name: Street:					
Town: City		City:			

Home phone no.:

5.0 DECLARATION

I/We agree to pay the annual registration charges applicable for every year the child attends the Sunday School. I/We also authorise the appointed first-aid officers to administer any first-aid procedures to the child if necessary.

□ I/We hereby give permission for my child's details, photographs and videos to be used by the church for display purposes, printed publications, website, and social media platforms and also to share with OSSAE – Diocese of UK-Europe and Africa (Sunday School Wing) and the Mother Church where required. I also confirm that I am aware of, how these images or videos will be stored within the organization.

Signature:	Date:
Print Name:	

6.0 FOR OFFICE USE				
Date of admission:	Head Teacher's name:	Signature:	Student ID:	