ST NICHOLAS CHAPLAINCY, HELSINKI SUNDAY SCHOOL REGISTRATION FORM

Child's full name:	Date of Birth:
Home address:	
School:	
Sibling(s) attending Sunday School (Names/D.O.B/School):	
Parent(s)/Guardian(s)	:
Mobile/emergency co	ontact No:
Email address:	
Medical or other info	rmation:
Please provide details special needs:	of any known conditions, allergies (including food allergies), illnesses or
Photographs & Video	Recordings:
of recording, and displ	otographs and videos may be taken by Sunday School teachers. This is a way laying the life of our Sunday School – for use on Church notice boards, the St ebsite, Church newsletter and possibly local press. The photographs would be 's first name only.
I do/do not consent to	my child being photographed in Sunday School.
Name of person/s wit	h parental responsibility:
Signature:	Date:
I agree, as far as possi person(s):	ble, for my child to be accompanied to and from the session by the following

St Nicholas Chaplaincy is committed to the safeguarding, care and nurture of everyone within our Church community. Please note that children aged 3 and under require a parent or guardian to stay with them at Sunday School. We kindly request that **all** children return to their parent(s)/guardian(s) after Communion - this marks the end of Sunday School and thereafter children are no longer the responsibility of the teacher. Please accompany your child/children to the crypt if you would like to join us for light refreshments after the service. Welcome!