

# Christ Church Sunday Clubs

## Registration

It would help us serve you and your family if you would please complete this form and return to the Church office next Sunday.

Parents Name(s) .....

Phone Number .....

Email Address .....

Address .....

.....

.....Postcode.....

Children's name(s)	date of birth
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Any additional information we need to know about your child/children. eg. allergies, special needs, etc.

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[ ] I am willing for this information to be stored electronically solely for internal use at Christ Church, Virginia Water *[tick]*

If you have any queries or would like more information please call the Christ Church office on 01344 844946.