

**The Lighthouse Church - New Malden**  
**Registration & Parental Consent for Sunday School Or Youth Groups**

Child's surname:  
Child's first name:  
Pet name to which child answers:  
Child's date of birth:  
Parent or Guardian's name:

Address:

Telephone:  
Mobile:  
Email:  
Who to contact in emergency:

Name of any siblings already in groups:

Child's mobile/email if applicable:

Special interests or activities:

Allergies or health concerns:

GP details in cases of chronic disease (eg diabetes, asthma):

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I give permission for the above named child/young person to participate in activities at and with THE LIGHTHOUSE Church - New Malden, Sunday School and Youth Groups. I understand I will be informed if my child is to be taken to alternative venues or of any problems arising from attendance at these meetings. I am aware of and have access to the THE LIGHTHOUSE Church - New Malden, Child Protection Policy.

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Signed:

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Relationship:

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Date:

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