



Kincumber
Anglican Parish

CHILDREN'S MINISTRY 2016

| Child/Children's Names | Date of Birth | School Year |
|------------------------|---------------|-------------|
| | | |
| | | |
| | | |
| | | |

Parent(s)/Guardian(s) _____

Address _____

Home Phone # _____ Mobile # _____

Email _____ @ _____ Emergency _____

Contact Name & # _____ Any Instructions _____

regarding who is to collect your child _____

_____ Medical Info (allergies) _____

I/we the parent/guardian of the above children grant permission for staff and leaders of the Anglican Parish of Kincumber Children's Ministry team, to feed, photograph and take the above children to the teaching buildings located elsewhere on the Kincumber site. Yes No

I/we the parent/guardian of the above children grant permission for the Christian names of the above children to be placed upon a list for prayer. Yes No

Signed _____



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