

SHARON FULL GOSPEL CHURCH

Osborne Road Pontypool

Registered Charity No. 1050642

Parental Consent Form

Dear Parent,

We are pleased that your child is attending our regular meetings for children. In order to ensure that your child is participating in these meetings with your permission, I would be grateful if you would take time to fill in the form below. This form also provides us with information which may be important in case of emergency.

We want you to know that Sharon Church takes seriously its responsibility to safeguard children in its care. As a result, the church has a written policy of Child Protection and any one who wishes to view this document may do so by arrangement.

If you have any queries about the church and/or its work with children, you are welcome to contact me on 01495 753561.

Thank you.

M.Bartlett
Children's Director.

Reply Slip

I give my permission for my child to take part in the normal activities of the following groups including (where appropriate) travel to and from these activities in the Church minibus (please tick).

Lighthouse. (3-15 Yr olds) Every Sunday 2.45 p.m. to 4.00 p.m.

Young People's: (Age 8-13) Every Thursday 6 p.m. to 7.30p.m.

Full name of child:_____ **Date of Birth:**_____.

Address:_____

Please give details of any medical conditions (e.g. asthma, epilepsy, diabetes, allergies, dietary needs) or disability.

Telephone numbers: Day:_____ **Evening:**_____.

Signed:_____ (Parent/or adult with parental responsibility). **Date:** _____.

One form per person.