

## CLERGY

Fr. Anthony Oleh, MSP — Parish Priest Fr. Pius Duke, MSP — Assistant Priest Rev. Robert Beresford — Deacon St. Agatha's Catholic Church

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The parish office should be your first port of call for any queries, please email Karin Rattray, the Parish Secretary, at <a href="mailto:kingston@rcaos.org.uk">kingston@rcaos.org.uk</a> or call on 020 8546 4633. The office is open from 9.30am to 2.00pm Monday to Friday. Please limit telephone calls outside these hours to emergencies only.

## ST. AGATHA'S CATHOLIC CHURCH YOUTH CLUB REGISTRATION FORM

Child's Forename(s)  Child's Surname  Date of Birth  Address  Parent(s) Name  Telephone No(s)  Email address  Current School and Class  Does your child have any medical, physical or behavioural needs that we should be aware of?: If answering 'Yes', please describe below.	PLEASE COMPLETE THIS FORM USING CAPITAL LETTERS		
Date of Birth  Address  Parent(s) Name  Telephone No(s)  Email address  Current School and Class  Does your child have any medical, physical or behavioural needs that we should be aware of?:	Child's Forename(s)		
Address  Parent(s) Name  Telephone No(s)  Email address  Current School and Class  Does your child have any medical, physical or behavioural needs that we should be aware of?:	Child's Surname		
Parent(s) Name  Telephone No(s)  Email address  Current School and Class  Does your child have any medical, physical or behavioural needs that we should be aware of?:	Date of Birth		
Telephone No(s)  Email address  Current School and Class  Does your child have any medical, physical or behavioural needs that we should be aware of?:	Address		
Email address  Current School and Class  Does your child have any medical, physical or behavioural needs that we should be aware of?:	Parent(s) Name		
Current School and Class  Does your child have any medical, physical or behavioural needs that we should be aware of?:	Telephone No(s)		
Does your child have any medical, physical or behavioural needs that we should be aware of?:	Email address		
Does your child have any medical, physical or behavioural needs that we should be aware of?:  If answering 'Yes', please describe below.	Current School and Class		
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When the session is finished:		
I am happy for my child to make their own way home $\Box$		
I will collect my Son/Daughter		
Name and contact details of any other persons who is permitted to collect my child after the sessions (if not a parent):		
Parental Agreement I confirm that the information given is true and accurate. I agree to the information provided on the form being retained by St Agatha's Catholic Church and included on its electronic systems for the duration of my child's participation in the Youth club.		
Signed		
Print Name:		
Relationship to Child:		
Date:		

THIS FORM MUST BE RETURNED TO THE PARISH OFFICE