

Our aim is for people to come to Jesus, grow in Him and go out to serve Him.

QRS Registration 2018/19

Young person's name		
Date of Birth		
School Year		
Parent/carer's name		
Contact number		
Email		
Important information		
Please list any medical conditions, including allergies and any prescribed medication		
Please list any other information you think would be useful for us to know		
Alternate Contact (relationship to young person)		
Alternate Contact number		
Declaration : I consent to the young person named above to take part in QRS activities at Emmanuel Church and for our personal data to be stored and used to contact us in the future about P4.		
Signed (parent/guardian)		Date

Tel: 020 8390 2372 // Email: office@emmanueltolworth.org.uk // Website: www.emmanueltolworth.org.uk

Details about how we use your personal data can be found in Emmanuel's Privacy Policy which is available on our

website. You can remove your consent at any time by contacting the Emmanuel office.