Bethel
Strict Baptist Chapel

New Pupil Registration Form

Child's name .....

Date of birth .....

Address including postcode

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Does your child have any allergies or medical conditions we should be aware of?

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I accept that in the event of my child needing medical attention, and I am unable to be contacted, Bethel Sunday School staff will act in the best interests of my child.

Parent's name .....

Phone number.....

Signature..... Date.....