

**Mount Zion Baptist Church  
SUNDAY SCHOOL**

**WELCOME CARD**

Parents of children joining the Sunday School are asked to fill in this form so that we have all the necessary contact details.

**Child's Name:** .....

**Address:** .....

.....

.....

**Date of birth:** .....

**Parent's name(s):** .....

.....

**Home telephone no:** .....

**Mobile no(s):** .....

.....

**Any allergies or other medical conditions we should know about?** Please put details on the back

**Consent for emergencies:** *Please be assured that we make every effort to contact you first.*

I hereby authorise, if necessary, any member of the staff of Mount Zion Baptist Church Sunday School, to consent to such medical treatment including inoculations, surgery or blood transfusion, which in the opinion of a qualified medical practitioner, may be necessary for my child(ren) in the event of an emergency.

**Signed:** .....  
(parent/guardian)

Date child first came: .....