



ST PAUL'S CHURCH
WINCHMORE HILL

Confirmation Preparation 2017

I give consent for my child to participate in the Confirmation Preparation course 2017.

Child's Name:

Date of Birth:

Address:

Telephone Number:

Emergency Contact Number during sessions:

Name and Address of GP:

Parent's Name:

Parent's Signature:

Date:

Please indicate here any details of shared lifts or any medical information that the course leaders should know: