**Registration Form for [name of group]**

**Name (adult): ………………………………………………………………….**

**Address: ……………………………………………………………………….**

**……………………………………………………………………………………**

**……………………………………………………………………………………**

**Phone number: ………………………………………………………………**

**Email address: ………………………………………………………………**

**Names and ages of children attending:**

**……………………………………………………………………………………**

**……………………………………………………………………………………**

**……………………………………………………………………………………**

**Are you happy for us to take photos of you and your children?**

Photos may be used for news and publicity on the Sheffield Diocese website, social media sites, other related websites and printed material. They may also be used for funding applications. We need parental permission for your child’s photo to be used in these different ways. We would like to hold this information on our records so that we do not have to send out a letter for each session you may attend. Please indicate below if you give permission for your child to be photographed/filmed.

 **Please circle your answer:**

**Yes No**

**Signature of adult: …………………………………………………………..**

**Date: ……………………………………………………………………………**

The information that you provide us with will only be used for the purpose of these sessions. We will only use your email address/ phone number to contact you with information regarding these sessions. If you have any further questions please speak to a volunteer.