Spiritist Education for Children and Youth Registration Form - Spiritist Centre XYZ

Child's Name	
Child's Date of Birth	
Child's Address	
Child's Post Code	
Mother's Full Name	
Father's Full Name	
Contact Telephone Number	
Parents' Religion	
Parent's Address (if different from the child)	
Parent's Post Code (if different from the child)	
E-mail	
Allergies or Special requirements	
Carer's name (if different from Mother of Father)	
Carer's Relationship to the child	
Carer's Telephone Number	
Previous Spiritist Education:	( ) Yes ( ) No Which cycles: Where:

We would like to get your permission for your child to participate on the Spiritist Education for Children's campaign for the XYZ Spiritist Society. This Campaign will require pictures of our children on their indoor and outdoor activities. They will be exposed on our events area and on our monthly newsletter in order to promote Spiritist Education for Children and Youth in the (please replace this with the Country your centre is based at). If you would like your child to get involved in this Campaign, please mark X here below:

( ) I give Spiritist Centre XYZ permission to use my child indoor and outdoor activities' pictures in order to promote Spiritist Education for Children and Youth.

(Please replace this with the City your centre is based at), of ,

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Parent or Carer Signature