



Pupil-free Day

Monday 20 April
8:30am-4pm

Years K-6

St Matt's West Pennant Hills

Morning tea and lunch included

With a special workshop by the
drumming group, African Beat



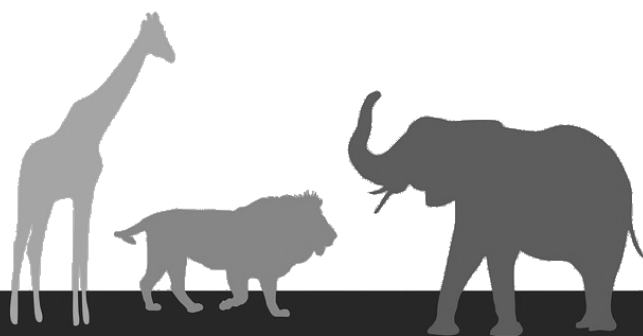
\$25 per child before 2 April

(\$25 each for first 2 children, \$15 for 3rd, only pay for 3)

\$30 per child after 2 April

(\$30 each for first 2 children, \$20 for 3rd, only pay for 3)

THIS APRIL WE'RE GOING TO THE JUNGLE!



Please Bring:

- ◆ A white t-shirt
(suitable to decorate)
- ◆ A sun hat



Online:

<http://www.trybooking.com/91001>

In Person or Post:

St Matthews Anglican Church
cnr of New Line and Castle Hill Rds,
West Pennant Hills

Via email:

office@stmatts.org.au

*Extra forms are available on our
website www.stmatts.org.au*

If you have any enquiries please contact:

office@stmatts.org.au

9479 3700



A ministry of

Reflecting the generosity of Christ

St Matthews

Anglican Church

Child's Family Name _____

Name	DOB	M/F	School	Year

Address: _____

Suburb: _____ Postcode: _____

CONTACT DETAILS OF PARENT / GUARDIAN

Name: _____ Ph (Home): _____

Ph (Work): _____ Mobile: _____

Email: _____

☐ Please tick if you do not want to receive details of future Matts4Kids Events

☐ Please tick if you do not want to receive details of future events at St Matthews.

I give permission for photos/videos of my child to be taken that may be used when advertising the group: Yes No

Is there anyone who is legally restricted from seeing your child? Yes No

If so please give details: _____

CHILD'S HEALTH INFORMATION

Emergency contact (if Parent/Guardian cannot be reached):

Name: _____

Relationship to Child: _____ Phone: _____

Family Doctor : _____ Phone: _____

Medicare Number _____

For the following questions, please specify which child the details relate to.

Describe in full any allergies (drugs, food, environment) and the medication taken:

CHILD'S HEALTH INFORMATION continued

Is your child on a special diet?	Yes No
Does your child take any medication?	Yes No
Operations or serious illnesses?	Yes No
Is your child restricted from any activity?	Yes No
Does your child have a disability (i.e. physical/mental/learning/emotional)?	Yes No
Does the child have a known behavioural problem?	Yes No

If the answer is yes to any of the above please give details below:

Parents please read, sign and date the following:

My signature below indicates my willingness to permit my child to participate fully in the Matts4Kids Pupil Free Program associated with the St Matthew's Anglican Church West Pennant Hills at the corner of New Line Road and Castle Hill Roads, on Monday 20 April, 2015, from 8:30am - 4:00p.m.

In the case of a medical emergency, and a parent cannot be contacted, I hereby give permission to the doctor chosen by the church authorities or other persons supervising or administering the children's activity, to secure proper treatment for and/or order hospitalisation, injection, anaesthetic, or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures.

PARENT/GUARDIAN'S SIGNATURE CERTIFIES ACCEPTANCE OF THESE CONDITIONS

Signature: _____ Date: ____/____/____

ADDITIONAL DETAILS: _____

The leadership team of the aforementioned group will treat the information contained confidentially. This information may be shared with a third party when it concerns medical health or care of the individuals listed. If you wish to access this information or have any queries in relation to the manner in which we handle your personal information, please do not hesitate to contact us.