



Pupil-free day

Monday 18th July, 2011

8:30AM - 3:30PM

There is an exciting day planned for children aged K-6 at St Matt's.

A day of fun, games, craft, and Bible learning all in a safe and caring environment.

Cost: \$20 per child before 11 July

Cost: \$25 per child after 11 July

(\$20 each for first 2 children, \$10 for additional children)

Book now!

Morning Tea and Lunch Provided.

www.stmatts.org.au or 9479 3700

A ministry of



Reflecting the generosity of Christ

St Matthews
Anglican Church



Register NOW

by filling in and returning the attached form

to

St Matthews Anglican Church

Post: 1 New Line Rd, West Pennant Hills, 2125

In Person: Cnr of New Line and Castle Hill Rds, West Pennant Hills

Via email: matts4kids@stmatts.org.au

If you have any enquiries please contact the team

email: matts4kids@stmatts.org.au

or

church office: 9479 3700

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

Family Name _____

Name	DOB	M/F	School & Year	Have you been before?

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 Matthew's.

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

CHILD'S HEALTH INFORMATION

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

Name: _____

Relationship to Child: _____ Phone: _____

Family Doctor : _____ Phone: _____

Medicare Number _____

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

Is there anyone who is legally restricted from seeing your child?: If so please give details: _____

Is your child on a special diet? Yes No

Does your child take any medication? Yes No

Operations or serious illnesses: Yes No

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

Is your child restricted from any activity: Yes No

Does the child have a disability

(i.e. physical/mental/learning/emotional)? Yes No

Does the child have a known behavioural problem? Yes No

Details please

Parents please read, sign and date the following:

My signature below indicates my willingness to permit my child to participate fully in the Matts4Kids 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 18th July 2011, from 8:30am-3:30 p.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 CERTIFYING 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.