

Registration Form



Date

Childs Details

Please indicate which group/s your child attends

Kids Church ☆ Afternoon Club ☆ Pupil Free Days ☆ Matts 4 Minis ☆

Family Surname Childs First Name

Address:

Home Phone:..... Sex (M/F)

Date of Birth: Age..... Year at School:

Name of School:
.....

Parents/Guardians Details

Parents Name/s

Address:

Phone Number Mobile

Email

Emergency Contact Emergency Phone Contact.....
(If Parents Can't Be Reached) Emergency Contact Mobile

Family Health Information

Family Doctor Name and Address	
Family Doctors Phone Number	
Medicare Number and Card Reference Number	
If Private health cover with whom and membership number	
Date of Last Tetanus Booster	
DISABILITY (ie physical/mental/learning/emotional))?	<input type="checkbox"/> Yes – Please describe <input type="checkbox"/> No
Anyone legally restricted from seeing the applicant? (Who)	<input type="checkbox"/> Yes (Who) <input type="checkbox"/> No

Allergies - describe in full any allergies (drugs, food, environment) and the medication taken for each

Special Diet Requirements

Medication (Please outline dosage, purpose and times)

Operations or serious illness (please details, date and type)

Activity Restrictions (Please note the restriction and specify the condition involved)

Anything else you would like to tell us (e.g. for sleep overs/camps ... is your child a bed wetter, non weak or strong swimmer, afraid of puppets...)

Indemnity Parents and Caregivers please read, sign and date the following:

My signature below indicates my willingness to permit my child to participate fully in all activities associated with St Matts Anglican Church, West Pennant Hills. In the case of a medical emergency, I hereby give permission to the doctor chosen by the children's ministry team to secure proper treatment for and/or order hospitalisation, injection, anaesthetic, or surgery for my child as named, realizing that every effort will be made to contact me prior to instituting procedures.

I understand that my child may be photographed during St Matts Anglican Church activities and these photos be displayed for advertising purposes and that they may be contacted by mail or at a pre-arranged home visit.

Signed.....(Parent/Carer)

Name:.....

Signed(Parent/Carer)

Name:.....

Date

The leadership team or the aforementioned group will treat the information contained in this form confidentially. This information may be shared with a third party where 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.