



Club Sunday Registration Form

Family Name..... Guardian(s) Name(s).....

Residential Address.....

Phone (H)..... (M)..... (W).....

Email Address.....

Child Name: (DOB)

Child Name: (DOB)

Child Name: (DOB)

Child Name: (DOB)

Child Name: (DOB)

Emergency Contacts

Name: Relationship to child(ren)

Phone (H)..... (M)..... (W).....

Alternative Emergency Contact

Name Relationship to child(ren)

Phone (H)..... (M)..... (W).....

Medical Information

Medicare number.....

Ambulance Cover: YES/NO membership number.....

Private Health Care fund: YES/NO membership number.....

Family Doctor..... Phone.....

| Child's name | Medication | Medication | Medication | Medication |
|--------------|------------|------------|------------|------------|
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| Child's name | Allergy | Allergy | Allergy | Allergy |
|--------------|---------|---------|---------|---------|
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Please also indicate if there are any special circumstances we should be aware of regarding the care of your child(ren); for example, learning/ social difficulties/ specific fears or sensory needs:

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Permissions

I DO / I DO NOT give permission for my child(ren) to participate in activities outside of the normal meeting complex

I DO / I DO NOT permit photos or video footage taken of my child(ren) to be displayed on notice boards/ screens in the church

I DO / I DO NOT permit photos or video footage taken of my child(ren) to be displayed in church publications (including websites, newsletters, brochures etc)

If I am unable to collect my child(ren) at the finishing time they may be collected by the following people

Name Ph number.....

Name Ph number.....

Name Ph number.....

Thank you for providing this important information. The safety and wellbeing of the children and young people is our primary concern.

Signature of guardian.....

Name(please print)..... Date.....

