

# REGISTRATION FORM - St. Barnabas' Kids' Club

Coordinated by St. Barnabas' Community Church Boggabri,

## DETAILS OF CHILD:

Name: ..... Age ..... D.O.B.: .....

Male  Female

Address: .....

Current school year: ..... School: .....

Parent / Guardian: .....

Mobile: ..... Home: .....

Emergency Contact - name and number: .....

## CHILD'S HEALTH INFORMATION

Does your child have any medical conditions or special needs? Yes / No

Details:.....

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Does your child have any allergies? Yes /No Details: .....

Is your child on a special diet? Yes / No Details: .....

Does your child take any medication? Yes / No Details: .....

Please list any medication that is to be left with your child: .....

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

Details: .....

Do you give permission for photos/videos of your child to be used for Kids' Club and church advertising? Yes / No

## Parents / Guardians please read and tick the following:

- I give permission for my child to participate in the Kids' Club on Tuesday afternoons, 3pm-4.45pm at St Barnabas' Community Church, 88 Laidlaw St, Boggabri.
- I am aware that my child(ren) will sing Christian songs based on the Bible and learn about the Christian faith from the Bible.
- I give permission for leaders of this kids' club to collect my child from school and accompany them to the kids' club. I understand that I need to contact the school to inform them of this arrangement and I will contact the school whenever there is a change to this arrangement.**
- In the case of a medical emergency, I hereby give permission to the doctor chosen by the church authorities or other persons supervising or administering the youth/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. I further authorise the use of an ambulance if needed. I accept full responsibility of any costs involved if an ambulance is needed.

✍️ Sign: ..... Date: .....

The Kids' Club leadership team will treat this information as confidential. 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 way we handle your personal information, please do not hesitate to contact us.