



Kids Church Registration Form 2012

Please complete one form per child.

ChilDs Details

Name:

DOB: / / M F

Address:

Suburb:

Postcode:

Phone:

Mobile:

School:

Crèche(0-2yrs old) Preschool (3-5yrs old) K 1 2 3 4 5 6 7

Emergency Contact

Name:

Phone:

Authorisation

I authorise the following people with permission to **sign in & sign out** this child out of any kids ministry program at Norwest Anglican (please include parents names):

1.

5.

2.

6.

3.

7.

4.

8.

Please Turn Over

Health Details

Describe in full any of the following that may impact the child's participation:

Allergy:

Dietary Restriction:

Physical Disability:

Speech / Vision Defect:

Know Medical / Behavioural Problem:

Other Relevant Medical Information:

Additional Details:

Other Details

Is your child toilet trained? Yes No

Can we include photos of your child in our craft activities this year? Yes No

In the case of an emergency, I authorise staff or ministry leaders of Norwest Anglican Church, where it is impracticable or not possible to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary in the circumstances.

Norwest Anglican will collect and store the information you provide on this form to assist it in making its ministry activities safe and effective for your child. The information will be provided to relevant staff and ministry leaders on a need to know basis and may also be provided to medical professionals where necessary. In completing this form you consent to these disclosures. Any information provided by you will be stored in a secure location or on a database that will only be accessed by authorised personnel of the Church. The information will only be used for the purpose for which it was collected.

Parent / guardian signature

Name:

Sign:

Date: / /