



School Year 1 to 6



CHILD REGISTRATION FORM

In the interests of your child's safety it is important for us to have the following information.

NAME of CHILD

DOB

(First Name)

(Surname)

__/__/__

Year at School _____

Parent's / Legal Guardian's NAME/s:

Mother:

(First Name and Surname)

(phone number)

Father:

(First Name and Surname)

(phone number)

Legal Guardian:

(First Name and Surname)

(phone number)

Child's Contact Address: (For notices etc)

(Street)

(Suburb)

(Post Code)

EMERGENCY CONTACT PERSON:

(Name)

(Relationship)

(Phone Number)

BEST CONTACT METHOD to keep you informed of relevant information and notices

Mail (please list postal address if different from child's contact address)

Email _____

PERSON/S RESPONSIBLE FOR DROP OFF/ COLLECTION OF CHILD

(please list all possible names – your child will only be released to the care of those listed below following completion of the program)

Name	Relationship

PLEASE TURN OVER AND COMPLETE THE OTHER SIDE

SIGNIFICANT MEDICAL ISSUES:

(e.g. allergies, asthma etc.)

If you have any concerns about your child's ability to participate in our K.I.D.S program then please discuss this with one of the leaders.

PRIVACY and PHOTOGRAPHS

I do / do not consent to my child being photographed or videoed either individually or in a group and used for the following purposes:
(Please circle)

- Publications used/created by the Elizabeth Church of Christ
- Multimedia presentations for church services or church-related functions
- Elizabeth Church of Christ Website

Please tick the appropriate box to indicate consent.

Please note that the information contained on this form will remain confidential and will be used only as a resource by the leaders of the K.I.D.S Ministry to ensure your child's safety and welfare whilst attending Sparklers. Please collect your child from their group room at the end of the service unless arranged with the leader.

Parent's/ Legal Guardian's Consent: *I, the undersigned, agree that the Elizabeth Church of Christ, the Elders and K.I.D.S Leaders, are to be free and clear of all responsibility whatsoever for any accident or illness during participation in any activity during the K.I.D.S Program. I acknowledge that I have read this form carefully. I further authorize you in the event of any such accident or illness that you obtain such medical assistance or such surgical or anaesthetic procedures as may be required and I agree to any expenses attached thereto. I also understand that it is my obligation to inform the KIDS leaders of any relevant legal or custody arrangements related to my child.*

(Signed Parent/Legal Guardian)

Date: / /