

Stromlo

CHRISTIAN CHURCH

PO Box 4140, Weston, ACT, 2611

STROMLO KIDS AND ULIMATE YOUTH REGISTRATION FORM

Dear Parents/Caregivers,

In order to maintain our own records and ensure we have all the necessary information to provide the best care for your child please complete the following form.

The information you provide to us will not be forwarded to any third party and is kept in accordance with the Stromlo Privacy Policy, a copy of which may be found at <http://stromlo.org/wp-content/uploads/2014/11/Privacy-Policy.pdf>

Family Details

Registration forms are to be completed for each family, and apply to all regular activities throughout the year. For all additional programs offered by Stromlo, such as camps or one-off events you will be given a brief permission slip which will allow us to use the information as provided on this form without you having to complete it again.

Medical Information

To assist us in providing for the general medical needs of your child or in the case of an incident occurring during one of our programs, please detail below any special needs, health conditions, allergies (including food) for each of your children. If there is insufficient room please provide additional information on a separate sheet attached to these. "Medicare Number" as listed per each child's individual information refers to their individual number on the card.

Please let us know if your child has particular needs/sensitivities. We can then cater for your child as best we can so their time at Stromlo Christian Church can be as enjoyable as possible.

Photographs/Video Recordings

During the course of our activities in Stromlo Kids and Youth Programs, there will be times when leaders would like to take photographs or video clips of your child as a record of our activities, as part of our activities or for promotional material relating to these specific programs. If you are happy for this to take place, please indicate this by ticking the box. If you have any further questions or concerns regarding photo or video footage, please speak to the program coordinator.

Additional pick-ups

For some programs, such as Ultimate, some people choose to carpool. Please advise the names of any people, other than yourselves, who will ordinarily be taking your children home from programs.

Tick a Box

Please indicate which programs you would expect each child to be involved in through the year.

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Family Details

Surname: _____

Street Address: _____

Suburb: _____ Postcode: _____

Home Phone: _____

Parent's/Caregiver 1 Name(s): _____ Mobile: _____

Parent's/Caregiver 2 Name(s): _____ Mobile: _____

Emergency Contact:

_____	_____	_____
Name	Phone Number	Relationship

Medicare Card Number: _____

Additional Pick-Ups: _____

In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the Stromlo Church Children and Youth leaders providing first aid or treatment as outlined in an emergency treatment plan (attached if applicable). I authorise the leaders, where it is impractical to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Name

Signature

Date: _____

Child #1

Name: _____ Sex: M / F
Date of Birth: / / Individual Medicare Number: _____
School Year: _____ Name of School: _____
Medical Information: _____

Photographs/videos may be taken of my child as per the provisions on the coversheet
Crèche Tiny Tots Mini Mites Stromlo Kids (K-6) Ultimate WBS Crèche

Child #2

Name: _____ Sex: M / F
Date of Birth: / / Individual Medicare Number: _____
School Year: _____ Name of School: _____
Medical Information: _____

Photographs/videos may be taken of my child as per the provisions on the coversheet
Crèche Tiny Tots Mini Mites Stromlo Kids (K-6) Ultimate WBS Crèche

Child #3

Name: _____ Sex: M / F
Date of Birth: / / Individual Medicare Number: _____
School Year: _____ Name of School: _____
Medical Information: _____

Photographs/videos may be taken of my child as per the provisions on the coversheet
Crèche Tiny Tots Mini Mites Stromlo Kids (K-6) Ultimate WBS Crèche

Child #4

Name: _____ Sex: M / F
Date of Birth: / / Individual Medicare Number: _____
School Year: _____ Name of School: _____
Medical Information: _____

Photographs/videos may be taken of my child as per the provisions on the coversheet
Crèche Tiny Tots Mini Mites Stromlo Kids (K-6) Ultimate WBS Crèche

Child #5

Name: _____ Sex: M / F
Date of Birth: / / Individual Medicare Number: _____
School Year: _____ Name of School: _____
Medical Information: _____

Photographs/videos may be taken of my child as per the provisions on the coversheet
Crèche Tiny Tots Mini Mites Stromlo Kids (K-6) Ultimate WBS Crèche

Child #6

Name: _____ Sex: M / F
Date of Birth: / / Individual Medicare Number: _____
School Year: _____ Name of School: _____
Medical Information: _____

Photographs/videos may be taken of my child as per the provisions on the coversheet
Crèche Tiny Tots Mini Mites Stromlo Kids (K-6) Ultimate WBS Crèche