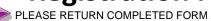
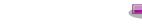
## Registration Form PLEASE RETURN COMPLETED FORM AS SOON AS POSSIBLE





Please enter X against the names of the group(s) your child is attending:



Bumblebees (0-4 years old) Sunday 10am Junior Hive(4 years old- Year 2) Sunday 10am Senior Hive (Years 3-6) Sunday Afternoon Groups-Years 7-12

**Details of child:** 

Excite ( Primary School Years 3-6 Fri night) Extol (High School Years 7-12 Fri night) Playgroup - Monday

Given Name:		Family	Name:		
Date of Birth: dd/mm/yy		Male	Female	School Year 2022 if applicable eg Year 2	
Address:			_ Suburb:		
Postcode:			_ Phone (F	H):	
Church you attend if not St John's	(if applicable):				
Contact details of Parent / G	iuardian:				
Mother: Given name:		Family Name	:		
Mobile:		Email:			
Father: Given name:		Family Name	:		
Mobile:		Email:			
Carer who brings child: (other tha	n mother/father	):			
Given name:		Family Name	<u>:</u>		
Mobile:		Email:			
Child's / Youth's Health Info Emergency contact (if parent / gu		reached)			
Name:	Relationsh	ip to Child:		Phone:	
Family Doctor:	Suburb:			Phone:	
Medicare Number:		Card Refer	ence No:	Expiry Date:	
Health Insurance Provider:			_ Membership Nu	mber:	
Does the child have any alle	rgies? YES	or NO	If yes, please gi	ve details:	

Does the child / youth have any of the following (enter X if yes):  Asthma □ Medications □ Activity □ Behavioural □ Serious illness □ Disability□  restrictions issues
If yes, please give details below (attach a separate page if needed)
Name of person who is legally restricted from seeing this child?
Permissions: ["St John's" refers to St John's Anglican Church, Beecroft]
I give permission for my child to participate fully in the group(s) indicated on page one associated with St John's which will be by program leaders selected by St John's.
I give permission for photos and videos of my child taken in a group, to be displayed publicly (online and in print) in St John's promotional materials.
I give permission for all communications with my child under the age of 12 to be through parent email and printed information
orograms unless I advise the leaders in writing otherwise.  acknowledge and give permission for communications with my child attending a youth activity to be through:  Text messaging  Yes  No  Mobile no:
Note any text sent to a child under 18 years will also be sent to a parent at the same time.
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The St John's leadership team will treat the information contained confidentially. 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 manner in which we handle your personal information please do not hesitate to contact us.

form can be emailed to office@beecroftanglicans.org.au or given to the group leader when your child next attends