

Registration Form

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

Sunday programs:

Creche ☐
 Junior Sunday School (K-2) ☐
 Senior Sunday School (3-6) ☐
 SMOG (Yr 7-9) ☐

Mid-week programs:

Kids Plus (K-3 Fri night) ☐
 Excite (4-6 Fri night) ☐
 Extol (Yr 7-12 Fri night) ☐
 Playgroup Mon ☐ Fri ☐
 GFS / Teddies ☐

Details of child:

Given Name: _____ Family Name: _____

Date of Birth: dd/mm/yy Male ☐ Female ☐

Address: _____ Suburb: _____

Postcode: _____ Phone (H): _____

Church you attend if not St John's (if applicable): _____

Contact details of Parent / Guardian:

Mother: Given name: _____ Family Name: _____

Mobile: _____ Email: _____

Father: Given name: _____ Family Name: _____

Mobile: _____ Email: _____

Carer who brings child: (other than mother/father): _____

Given name: _____ Family Name: _____

Mobile: _____ Email: _____

Child's / Youth's Health Information:

Emergency contact (if parent / guardian cannot be reached)

Name: _____ Relationship to Child: _____ Phone: _____

Family Doctor: _____ Suburb: _____ Phone: _____

Medicare Number: _____ Card Reference No: _____ Expiry Date: _____

Health Insurance Provider: _____ Membership Number: _____

Does the child have any allergies? YES or NO If yes, please give 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 led 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.

For youth (School Years 7-12)

I give permission for photos and videos of my child taken at youth activities to be uploaded to a secure Facebook group for these programs unless I advise the leaders in writing otherwise.

I acknowledge and give permission for communications with my child attending a youth activity to be through:

- | | | | |
|-------------------------------------|-----|----|----------------------|
| • Text messaging | Yes | No | Mobile no: _____ |
| • A secure page on Facebook | Yes | No | |
| • Via the Extol group email address | Yes | No | Email address: _____ |

I give permission for youth group leaders of the same gender to be friends with my child on Facebook. Communication is restricted to public spaces and not in the sending of private messages

I understand that the Christian Gospel will be shared in all activities held at the program.

I authorise the leaders of the activity, in the event of an emergency, to obtain at my expense any medical, ambulance, rescue or other services that are considered necessary for my child. I understand that every effort will be made to contact me prior to instituting such procedures.

I understand the program leaders will exercise reasonable supervision but will not be responsible for events beyond their control or accidents which may arise during the program.

I confirm that the information given in this form is true and correct, and will advise St John's in writing of any changes to this information. I will provide the program leaders with any information relevant to the wellbeing of my child in writing prior to him or her attending any activities.

I acknowledge that this information shall be made available to the leaders of the relevant groups as marked and to those persons responsible for administering youth and children's activities in St John's.

By returning this completed form by email or in printed form, I hereby consent to grant the permission set out in this form and confirm that the information provided is correct.

Name: _____ **Date:** _____

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.

