



**CBC - FRIDAY@7
Child Registration Form**



	Child 1	Child 2	Child 3	Child 4
<u>Surname of child:</u>				
<u>First Name of child:</u>				
<u>Date of Birth:</u>				
<u>School</u>				
<u>School Grade 2008</u>				
<u>Home address of child/ren:</u>				
<u>Home Phone Child/ren:</u>				
<u>Full Names of Parent/s or Guardian</u>				
<u>Contact Numbers</u>	Mother Mobile:		Home:	
	Father Mobile:		Home:	
<u>Medicare number:</u>				
<u>Emergency Contact</u>	Name:		Number:	
	Relationship to child:			

**N. B. Is there any special Dietary / Medical requirements for your child?
If yes, please see over. PTO**

Permission / Indemnity Section

Please read the following points carefully

- I understand that all reasonable safety precautions will be taken at all times by the above mentioned group and that the leaders and those connected with the group cannot be held responsible for personal injury, loss or damage incurred by the subject of this form.
- I understand that if urgent medical attention is needed, that every effort will be made to contact the person/s listed on this form. In the event that I cannot be contacted in an emergency, I give permission for my child to receive such medical treatment as the leader may deem necessary.
- I authorise the use of ambulance and/or anaesthetic by a qualified medical practitioner if in their judgement it is necessary
- I accept responsibility for payment of all expenses associated with such treatment
- I consent to the use of any photographs or video footage that may be taken of the subject of this form to be used as publicity for CBC.

Parent/Guardian Signature _____ Date _____

Arrangements for collection of children: (Please tick box)

I will collect my child personally from 'Friday@7', when he/she is in attendance.

Alternative collection arrangements: **Name:** _____ **Contact No:** _____

Medical Information

Medical conditions:

Please list any medical conditions or allergies your child/ren experience, and any medication or special care they require. If you have more than one child, please list the children's names individually.

Childs name _____

Medical condition: _____

Childs name _____

Medical condition: _____

Dietary Restrictions:

Is your child on a restricted diet? Yes No

If 'YES', please indicate foods or beverages your child should not consume

Childs name _____

Foods / beverages: _____

Childs name _____

Foods / beverages: _____

Is there anything else we should be aware of in caring for your child? _____

Thank you for providing this important information. The safety and wellbeing of your children is a primary concern of Caringbah Baptist Church.

Privacy Clause

Every reasonable effort will be made to ensure the security of personal information held. The information when no longer needed will be destroyed or re-identified.