

Kidsplus Carlton Registration Form 2022



For more information, please see www.snac.org.au/kidsplus or contact Kevin on 0421 286 835.

Details for child #1

Name: _____ School year: _____ Male/Female (circle)

Date of Birth : ____ / ____ / ____ Class: _____ School: _____

Details for child #2

Name: _____ School year: _____ Male/Female (circle)

Date of Birth : ____ / ____ / ____ Class: _____ School: _____

Family details:

Postal Address: _____

Name of mother/guardian: _____ Mobile phone: _____

Email address (please print) _____

Name of father/guardian: _____ Mobile phone: _____

Email address (please print) _____

Name of Emergency contact: _____ Mobile phone: _____

Relationship to child/ren: _____

The emergency contact will be used if parents/guardians above cannot be reached.

Does your child/ren have any allergies, medication, physical/mental disabilities or behavioural issues? Is there anyone legally restricted from seeing your child/ren? Please provide detailed information below:

Permission:

My signature below indicates:

- ✓ My willingness to permit my child/ren to participate fully in our Kids Plus program.
- ✓ That I give my permission, in the case of a medical emergency, to the doctor chosen (either by the church authorities or other persons supervising or administering the activities), to secure proper treatment for and/or order hospitalisation, injection, anaesthetic or surgery for my child/ren as named. I understand that every effort will be made to contact me prior to instituting such procedures.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

The leadership team of St George North Anglican Church 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.