



REGISTRATION FORM

CHILDREN'S SURNAME: _____

This form can be used for up to 3 children from the same family.

MOTHER/Carer:	FATHER/Carer:
PHONE:	PHONE:
EMAIL:	
ADDRESS:	
Is there anyone who is legally restricted from seeing the children? <input type="checkbox"/> No / <input type="checkbox"/> Yes Who?	
1st CHILD'S NAME:	Date of Birth: / / School Year:
MEDICARE CARD NUMBER:	Position on card: Expiry Date:
Known allergies:	
Is the child on a special diet?	<input type="checkbox"/> No / <input type="checkbox"/> Yes Details:
Does the child take any medication?	<input type="checkbox"/> No / <input type="checkbox"/> Yes Details:
Is the child restricted from activity?	<input type="checkbox"/> No / <input type="checkbox"/> Yes Details:
2ND CHILD'S NAME:	Date of Birth: / / School Year:
MEDICARE CARD NUMBER:	Position on card: Expiry Date:
Known allergies:	
Is the child on a special diet?	<input type="checkbox"/> No / <input type="checkbox"/> Yes Details:
Does the child take any medication?	<input type="checkbox"/> No / <input type="checkbox"/> Yes Details:
Is the child restricted from activity?	<input type="checkbox"/> No / <input type="checkbox"/> Yes Details:
3RD CHILD'S NAME:	Date of Birth: / / School Year:
MEDICARE CARD NUMBER:	Position on card: Expiry Date:
Known allergies:	
Is the child on a special diet?	<input type="checkbox"/> No / <input type="checkbox"/> Yes Details:
Does the child take any medication?	<input type="checkbox"/> No / <input type="checkbox"/> Yes Details:
Is the child restricted from activity?	<input type="checkbox"/> No / <input type="checkbox"/> Yes Details:

My signature below indicates my willingness to permit my child:

- To **participate** fully in the Keppel Anglican's The Catch Kids.
- In the case of a **medical emergency**, I hereby give permission to the doctor chosen by the church authorities or other persons supervising or administering the children's activity, to secure proper treatment for and/or order hospitalisation, injection, anaesthetic, or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures.
- I agree to the taking of **photographs** of my child(ren) during activities or their art and craft for use by the church in illustrating and promoting the church. For use in:
 - PowerPoint and video within the Church.
 - Diocesan and local Parish Printed Materials
 - Diocesan and local Parish Website
 - Diocesan and local Parish Social Media like Facebook/Instagram etc

Signed: _____ Date: ____ / ____ / ____