



REGISTRATION FORM

The Catch Kids

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: ____ / ____ / ____