



Registration Form 2012

Child's First Name: _____ Child's Surname: _____

D.O.B: _____ Year at School: _____

School: _____

Allergies: _____

Medical Conditions: _____

Father/Guardian's Name: _____ Mother/Guardian's Name: _____

Address: _____

Contact number: _____ (home) _____ (mobile) Father/Guardian

_____ (home) _____ (mobile) Mother/Guardian

Email Address: _____ (Father/Guardian)

_____ (Mother/Guardian)

Please provide at least one email address, as this will be our primary means of contact with you, please also circle who will sign your child in to events, so that this can be recorded on the sign in register.

About your child...

Please use this space to tell us anything you feel we should know about your child; including but not limited to learning difficulties, behavioural challenges, pertinent family issues, medical issues or anything else that will best help us serve your children.

Please tick the ministries your child will be involved in...

KidZone (Kinder to Yr 6 Sunday Morning Ministry) **NRG** (Gr 4-6 Junior Youth Group - Fortnightly Friday Night)

L2:52 (Gr 5/6 Leadership development - Fortnightly Monday afternoon)

At times we take photos and/or video which may be used/displayed around the Church/website or for promotional purposes of the ministry. Your signature on the registration form also confirms your consent.

Parent/Guardian Signature

Parent/Guardian Name

___/___/12
Date