



Narwee Baptist Church Registration Form Kidz Club - Fridays 4-6pm

Family Name: _____ Child's Name: _____

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

Parent/Guardian Names: _____

Address: _____

Phone: _____ Email: _____

Dietary Issues: Is there anything your child cannot eat and/or drink? (If yes, please give details)

Medical Conditions: Please list any medical conditions or allergies, any medication or special care they require. If your child is anaphylactic to any substance, please provide information regarding EpiPen and management plan.

In Case of Emergency:

Emergency Contact 1: Name: _____

Relationship to child: _____ Phone: _____

Emergency Contact 2: Name: _____

Relationship to child: _____ Phone: _____

Consent and Declaration

Please read and tick those appropriate for your child:

- ☐ I authorise the leader in charge of the group to arrange for my child to receive such first aid and medical treatment as the trained first aid person may deem necessary.
- ☐ I authorize the use of calling an ambulance in an emergency.
- ☐ I accept responsibility for payment of all expenses associated with such treatment.
- ☐ I give permission for my child to participate in activities outside of the normal meeting complex where they are within reasonable walking distance.
- ☐ I give permission for my child to be transported in private cars arranged by the leaders of the group.
- ☐ I permit photos taken of my child to be displayed in church publications eg. Website, newsletters, brochures etc.

Transport Authority:

If I am unable to collect my child at the finishing time, they may be transported home from the program with the following people: _____

I accept the above conditions and declare that the family information I have submitted is accurate, agreeing to update it if any changes occur.

Signed: _____ Dated: _____
(Parent/Guardian)

Payment Options:

Kidz Club: \$3 per week - Cash or online to:

Narwee Baptist Church BSB 704922 A/c No. 100000121 (Please mark with child's full name)

**All of our leadership team members have cleared Working With Children Check Nos.
and have completed the Creating Safe Spaces Training.**

Office Use Only – D/B Roll