



Registrations will open on the **23<sup>rd</sup> April 2009**. Please post or hand this form in, together with your payment, to the church office before the **9<sup>th</sup> April 2009**. Unfortunately registrations cannot be accepted until payment is made and please be aware that places may fill before 9th April. Payment can be made by either cheque or cash. Cheques are to be made payable to Gymea Baptist Church. Receipts will be available on the day.

Please post registrations to:

Gymea Baptist Church (Kid's Activity Day)  
2-4 Tea Gardens Avenue  
Kirrawee, NSW 2232

If you have any enquires, please phone the Gymea Baptist Office on (02) 9521 4611, or email [ainsley.faase@gymeabaptist.org.au](mailto:ainsley.faase@gymeabaptist.org.au).

We look forward to seeing you on the day!

## Registration Form



# KIDS' ACTIVITY DAY REGISTRATION FORM

(Please complete a separate application for each child)

Name of child: \_\_\_\_\_

School: \_\_\_\_\_

School year in 2009: \_\_\_\_\_

Name of friend(s) also attending KAD (for Activity purposes):  
\_\_\_\_\_

Parent/Guardian's name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

(M) \_\_\_\_\_

If you wish to receive further information about other  
Kids @ Gymea Baptist events, please provide us with your email:  
\_\_\_\_\_

## MEDICAL INFORMATION

Does your child have any medical, emotional or behavioural problems  
that should be brought to our attention, in the interests of the child and  
the program? YES / NO

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child on any medication? YES / NO

If yes, does the child self-administer or do they need supervision?  
\_\_\_\_\_

Medicare number: \_\_\_\_\_

## EMERGENCY CONTACT NUMBER

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Contact number(s): \_\_\_\_\_

## SPECIAL DIETARY REQUIREMENTS

Does your child have any special dietary requirements or  
allergies we need to be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARENTAL CONSENT

Please read the following statements, tick the boxes from which you  
wish to preclude your child:

I **do not** permit photos taken of my child during Kid's Activity Day to  
be displayed on notice boards or used in PowerPoint presentations  
shown within Gymea Baptist Church (internal publication)

I **do not** permit photos taken of my child during Kid's Activity Day to  
be displayed in church publications, e.g. website, newsletter, brochures,  
etc. (external publication)

I authorise the leader in charge of Kids Activity Day to arrange for my  
child to receive such first aid and/or medical treatment the team leader  
may deem necessary.

I authorise the use of an ambulance by a qualified medical  
practitioner if in his/her judgment it is deemed necessary.

I accept responsibility for payment of all expenses associated with such  
treatment.

I have read and completed all the relevant information on the  
registration form.

I have included my payment of \$15 per child by:  cheque  cash.

I would like a receipt, available on the day

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_