

Please post or hand this form in, together with your payment, to the church office before the **5th April 2010**. Unfortunately registrations cannot be accepted until payment is made, and please be aware that places may fill before this date, so get in early! 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)
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
We look forward to seeing you on the day!



Kids Activity Day April 2010

Registration Form



KIDS' ACTIVITY DAY REGISTRATION FORM

(Please complete a separate application for each child)

Name of child: _____

School: _____

School year in 2010: _____

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

Parent/Guardian's name(s): _____

Address: _____

Phone: (H) _____ (W) _____

(M) _____

Please provide us with your email so we can confirm your registration:

I do not wish to receive any other information about future Kid's Activity Days or other Kid's @ Gynea Baptist events

How did you hear about KAD _____

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? If yes, will they bring their own lunch?

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 Gynea 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 \$10 per child by: cheque cash.

I would like a receipt, available on the day

Signature of parent/guardian: _____

Date: _____