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# REGISTRATION FORM

Please complete the following pages

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**2-4 October**

**8:30am to 3:00pm**

**St David's UC Coopers Plains**

68 Orange Grove Rd, Coopers Plains

**Morning Tea & Lunch are provided.**

**\$50 per child for the 3 days.**

## **REGISTRATION PROCESS:**

- 1. Fill out Registration form.** Download registration form, fill it out save it with your last name in the file name and email it to: [stdavidscp@bigpond.com](mailto:stdavidscp@bigpond.com)
- 2. Receive a Confirmation email.** We will send you an email confirming a place is available for your child/children. Please note the office email is only checked intermittently during the week, so confirmation may take 2-3 days. Please call Joanne **0413404159** if you don't receive confirmation.
- 3. Pay for the program.** Once you have received the confirmation email, please make your online payment for the program, details are below.

**Please email this form to:** [stdavidscp@bigpond.com](mailto:stdavidscp@bigpond.com)

**Please make payment to:** Account Name: UCA - St Davids Coopers Plains

BSB: 334-040 Account number: 553 841 045

Reference: CK Surname (Eg: CK Smith)

**REGISTRATIONS & PAYMENT MUST BE RECEIVED BY 24 SEPTEMBER 2018**





## Attendee information form

TOO-SMC-01.1.13\_v1.0

For use when the children's ministry activity is not on the same premises as concurrent parents' ministry activity (e.g. camps). Complete the form once, and ask parents to inform you if details change.

Congregation: \_\_\_\_\_

Program: \_\_\_\_\_

### Family Details

Parents/guardians name: \_\_\_\_\_

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

City: \_\_\_\_\_

Post code: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Emergency Contact Details

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

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

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

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

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

Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_

Medicare number & child's reference number on card: \_\_\_\_\_

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

Child 4: \_\_\_\_\_

Child 5: \_\_\_\_\_

Child 6: \_\_\_\_\_

### Release Statement

Yes

No

I confirm that the information provided in this document is true and correct.

Yes

No

I warrant that I have power to provide this information and agree to inform the Church of any change to these details.

Yes

No

I consent to my child/ren becoming a member of and taking part in the overall activities of the abovementioned program.

Yes

No

I understand that if urgent medical attention is needed, every effort will be made to contact the persons listed on this form. In the event that I cannot be contacted in an emergency, I give my permission for my child/ren to receive medical treatment as deemed necessary by the leaders of the program/activity.

Yes

No

I consent to information about my child/ren being collected and used for the running of activities and reporting of incidents and accidents.

Yes

No

I give my permission for my child/ren to be transported in church vehicles or private cars arranged by the leaders on occasions when it is necessary.



Yes     No

I give my permission for my child/ren to be photographed, videotaped or recorded. I understand that the Church will not disclose personal or identifying details of me or my child/ren, to any other person, body or organisation without my permission or it is authorised or required by law. I understand that this material (including name and congregation or activity) may be used and disclosed for the following purposes:

- In promotional or information materials produced by the Church
- In worship and materials prepared by or for the Church
- On the Church's website and social media platforms
- As otherwise permitted or required by law.

Yes     No

I warrant that I will advise the Church of any change of circumstances that would affect the Church's care of my child/ren or changes to the details of this form.

Yes     No

I warrant that I will advise the activity leader of unique circumstances regarding my child/ren that may affect their participation in the activity.

Parent/guardian signature

Name

Date

## Child 1 Details

Child's full name:

Your relationship to child:

Your initials

Date of birth:

Age:

Grade/Year level:

Gender:

Male

Female

Allergies (e.g. insect stings, food, band aids, first aid treatments, drugs or other):

Medical conditions (e.g. asthma, epilepsy, hyperactivity, heart problems, diabetes or other):

Additional needs (e.g. low vision, hearing loss, ADD or ADHD, behaviour issues, formal counselling situations, bed wetting, sleep walking or other):

Name and dosage of medications which may be required during activities (e.g. Ventolin, epi-pen or other):

Dietary requirements (e.g. food allergies and intolerances or other):

Restrictions (e.g. custody matters; activities which may cause your child anxiety, or that you do not wish your child to participate in; swimming ability, or other relevant points):

Swimming ability (for activities involving swimming):  non-swimmer     fair swimmer     good swimmer

Transport (how is your child travelling to the activity or camp?):

Departure (who is picking your child up or how are they permitted to leave the activity/activities?):



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## Child 2 Details

Child's full name: \_\_\_\_\_

Your relationship to child: \_\_\_\_\_

Your initials \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

Grade/Year level: \_\_\_\_\_

Gender: \_\_\_\_\_

Male

Female

Allergies (e.g. insect stings, food, band aids, first aid treatments, drugs or other):  
\_\_\_\_\_

Medical conditions (e.g. asthma, epilepsy, hyperactivity, heart problems, diabetes or other):  
\_\_\_\_\_

Additional needs (e.g. low vision, hearing loss, ADD or ADHD, behaviour issues, formal counselling situations, bed wetting, sleep walking or other):  
\_\_\_\_\_

Name and dosage of medications which may be required during activities (e.g. Ventolin, epi-pen or other):  
\_\_\_\_\_

Dietary requirements (e.g. food allergies and intolerances or other):  
\_\_\_\_\_

Restrictions (e.g. custody matters; activities which may cause your child anxiety, or that you do not wish your child to participate in; swimming ability, or other relevant points):  
\_\_\_\_\_

Swimming ability (for activities involving swimming):  non-swimmer  fair swimmer  good swimmer

Transport (how is your child travelling to the activity or camp?):  
\_\_\_\_\_

Departure (who is picking your child up or how are they permitted to leave the activity/activities?):  
\_\_\_\_\_

## Child 3 Details

Child's full name: \_\_\_\_\_

Your relationship to child: \_\_\_\_\_

Your initials \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

Grade/Year level: \_\_\_\_\_

Gender: \_\_\_\_\_

Male

Female

Allergies (e.g. insect stings, food, band aids, first aid treatments, drugs or other):  
\_\_\_\_\_

Medical conditions (e.g. asthma, epilepsy, hyperactivity, heart problems, diabetes or other):  
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Additional needs (e.g. low vision, hearing loss, ADD or ADHD, behaviour issues, formal counselling situations, bed wetting, sleep walking or other):

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Name and dosage of medications which may be required during activities (e.g. Ventolin, epi-pen or other):

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Dietary requirements (e.g. food allergies and intolerances or other):

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Restrictions (e.g. custody matters; activities which may cause your child anxiety, or that you do not wish your child to participate in; swimming ability, or other relevant points):

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Swimming ability (for activities involving swimming):  non-swimmer  fair swimmer  good swimmer

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Transport (how is your child travelling to the activity or camp?):

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Departure (who is picking your child up or how are they permitted to leave the activity/activities?):

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## Child 4 Details

Child's full name:

Your relationship to child:

Your initials

Date of birth:

Age:

Grade/Year level:

Gender:  Male

Female

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Allergies (e.g. insect stings, food, band aids, first aid treatments, drugs or other):

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Medical conditions (e.g. asthma, epilepsy, hyperactivity, heart problems, diabetes or other):

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Additional needs (e.g. low vision, hearing loss, ADD or ADHD, behaviour issues, formal counselling situations, bed wetting, sleep walking or other):

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Name and dosage of medications which may be required during activities (e.g. Ventolin, epi-pen or other):

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Dietary requirements (e.g. food allergies and intolerances or other):

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Restrictions (e.g. custody matters; activities which may cause your child anxiety, or that you do not wish your child to participate in; swimming ability, or other relevant points):

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Swimming ability (for activities involving swimming):  non-swimmer  fair swimmer  good swimmer

Transport (how is your child travelling to the activity or camp?):

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Departure (who is picking your child up or how are they permitted to leave the activity/activities?):

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## Child 5 Details

Child's full name:

Your relationship to child:

Your initials

Date of birth:

Age:

Grade/Year level:

Gender:

Male

Female

Allergies (e.g. insect stings, food, band aids, first aid treatments, drugs or other):

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Medical conditions (e.g. asthma, epilepsy, hyperactivity, heart problems, diabetes or other):

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Additional needs (e.g. low vision, hearing loss, ADD or ADHD, behaviour issues, formal counselling situations, bed wetting, sleep walking or other):

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Name and dosage of medications which may be required during activities (e.g. Ventolin, epi-pen or other):

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Dietary requirements (e.g. food allergies and intolerances or other):

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Restrictions (e.g. custody matters; activities which may cause your child anxiety, or that you do not wish your child to participate in; swimming ability, or other relevant points):

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Swimming ability (for activities involving swimming):  non-swimmer  fair swimmer  good swimmer

Transport (how is your child travelling to the activity or camp?):

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Departure (who is picking your child up or how are they permitted to leave the activity/activities?):

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## Child 6 Details

Child's full name: \_\_\_\_\_

Your relationship to child: \_\_\_\_\_

Your initials \_\_\_\_\_

Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

Grade/Year level: \_\_\_\_\_

Gender: \_\_\_\_\_

Male

Female

Allergies (e.g. insect stings, food, band aids, first aid treatments, drugs or other):  
\_\_\_\_\_

Medical conditions (e.g. asthma, epilepsy, hyperactivity, heart problems, diabetes or other):  
\_\_\_\_\_

Additional needs (e.g. low vision, hearing loss, ADD or ADHD, behaviour issues, formal counselling situations, bed wetting, sleep walking or other):  
\_\_\_\_\_

Name and dosage of medications which may be required during activities (e.g. Ventolin, epi-pen or other):  
\_\_\_\_\_

Dietary requirements (e.g. food allergies and intolerances or other):  
\_\_\_\_\_

Restrictions (e.g. custody matters; activities which may cause your child anxiety, or that you do not wish your child to participate in; swimming ability, or other relevant points):  
\_\_\_\_\_

Swimming ability (for activities involving swimming):  non-swimmer  fair swimmer  good swimmer

Transport (how is your child travelling to the activity or camp?):  
\_\_\_\_\_

Departure (who is picking your child up or how are they permitted to leave the activity/activities?):  
\_\_\_\_\_

### Document Review History

Version Number	Date	Reason	Aurthor/reviewer	Approved
1.0	22.01.2016	Created to support Safe Ministry with Children policy, Overseeing safe ministry with children and Planning Safe Programs processes	<ul style="list-style-type: none"> <li>• Safe Ministry (children) administrator</li> <li>• General counsel</li> <li>• Risk &amp; Insurance manager</li> </ul>	Associate general secretary
Due	22.01.2017	Review cycle – every year		