



ENROLMENT FORM

Enrolment Form**PARENT/CAREGIVER INFORMATION**

Surname	First Name
Address -	
Contact Phone Number	Email:
Surname	First Name
Address -	
Contact Phone Number	Email:
PRIMARY EMAIL ADDRESS:	
First emergency contact – name/phone – other than parent/caregiver:	
Please give details of a) any person/s not permitted to contact or collect your child/ren while in the care of ??? church b) any Court order related to such:	
a)	
b)	
Medicare No:	
Medical/Hospital Fund:	Number:
Name of Family Doctor:	Phone No:

Parents/Caregivers of children with severe allergies or other medical conditions are asked to provide an action plan

Child 1

Surname	First Name/s
Date of Birth	/ /
School/Other:	
Group being enrolled in: (specify group)	

HEALTH

If there are any medical conditions/allergies which your child has or has had in the past which you believe the children's ministry team should know about, please provide details here:

Any other details Leaders should know?

Child 2

Surname	First Name/s
Date of Birth	/ /
School/Other:	
Group being enrolled in: (specify group)	

HEALTH

If there are any medical conditions/allergies which your child has or has had in the past which you believe the children's ministry team should know about, please provide details here:

Any other details Leaders should know?

Child 3

Surname

First Name/s

Date of Birth / /

School/Other:

Group being enrolled in: (specify group)

HEALTH

If there are any medical conditions/allergies which your child has or has had in the past which you believe the children's ministry team should know about, please provide details here:

Any other details Leaders should know?

Child 4

Surname

First Name/s

Date of Birth / /

School/Other:

Group being enrolled in: (specify group)

HEALTH

If there are any medical conditions/allergies which your child has or has had in the past which you believe the children's ministry team should know about, please provide details here:

Any other details Leaders should know?

Parent/Guardian Consent:

I/we give consent to my children attending ??? Church Children's Ministry and I commit to encouraging my child/ren to attend and participate regularly and to cooperate with the leaders and other children. I understand that from time to time meetings and activities are held elsewhere within the grounds and complex of ??? Church.

I/we consent for the leader in charge to arrange for medical services necessary in the event of an emergency; and agree to pay all associated medical expenses incurred on behalf of this child. I agree to indemnify and hold harmless Church of Christ Vic/Tas and ???church against all claims, demands, suits and liability of whatever nature and howsoever arising out of the injury to the child, and the relevant activity being undertaken. I understand that my child/ren may be included in photos taken on occasion during Children's ministry events and kept on file or used in ??? Church publications, newsletters and notice boards etc. I/we will be happy to receive information relating to children's events and ?? Church activities using email addresses listed on this form. By signing my name below and submitting this form, I/we consent to these conditions.

Signature of parent//guardian _____ date_____
