



# Stanmore Baptist Kids' Club

## Registration Form

**When:** Tuesday 14 July—Friday 17 July 2009  
(First week of school holidays)  
9.30am to 12.00pm  
At Stanmore Baptist Church

**Post registration form to:** Stanmore Baptist Church  
140 Albany Road  
Stanmore NSW 2048

**Cost:** \$2 per child per day morning tea included

### INFORMATION

Surname: \_\_\_\_\_  
Name Child 1: \_\_\_\_\_ D.O.B: \_\_\_\_\_ M/F  
Name Child 2: \_\_\_\_\_ D.O.B: \_\_\_\_\_ M/F  
Name Child 3: \_\_\_\_\_ D.O.B: \_\_\_\_\_ M/F  
Name Child 4: \_\_\_\_\_ D.O.B: \_\_\_\_\_ M/F  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ P/Code: \_\_\_\_\_  
School: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

(Please circle which days your child/children will be attending)

Tuesday      Wednesday      Thursday      Friday

Name of person collecting child/children:  
\_\_\_\_\_

Name of any person/s legally restricted from seeing your child/children:  
\_\_\_\_\_

### CHILD'S HEALTH INFORMATION

Emergency Contact Name (if parent/guardian cannot be reached):  
\_\_\_\_\_

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

Family Doctor: \_\_\_\_\_

Suburb: \_\_\_\_\_

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

Medicare No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

#### Please specify which child the following applies to:

Does this child suffer from any serious illness? \_\_\_\_\_

Describe in full any allergies (drugs, food, environment): \_\_\_\_\_

Describe reaction suffered by child when affected by allergy:  
\_\_\_\_\_

Does the child take any medication: \_\_\_\_\_

(Place in container with child's name and dosage details clearly marked on lid and give to First-Aid Officer on arrival):

Type: \_\_\_\_\_

Purpose: \_\_\_\_\_

Dosage: \_\_\_\_\_

Does the child have any disability that may restrict their ability in any activity: \_\_\_\_\_

Do you give permission for the first-aid officer to administer Panadol to your child if needed? YES / NO

Does the child have any special dietary requirements:  
\_\_\_\_\_

(Keep in mind we will only be serving morning tea.) \_\_\_\_\_

### PERMISSION:

(Parents/guardians are required to read, sign and date the following indemnity.)

My signature below indicates my willingness to permit my child to participate fully in all the activities of **SBKC**. Whilst every precaution will be taken to ensure the welfare and protection of my child, I .....indemnify Stanmore Baptist Church, its members, voluntary workers, employees or any other person acting on their behalf against all: actions, claims, demands, liabilities, losses, damages, costs and expenses, of whatever nature (either actual or contingent) which my (son/daughter) may suffer, incur or sustain in connection with or arising in any way whatsoever from, during or whilst undertaking activities in Stanmore Baptist Kids' Club. In the case of a medical emergency, I hereby give permission for the leader in charge to secure any and all necessary treatment for my child as named. I agree to pay all such doctor, ambulance and hospital fees incurred on behalf of my child. I understand that every effort will be made to contact me prior to instituting such procedures.

I also give permission for Stanmore Baptist Church to photograph and/or video my child and use any such images in the SBKC Video or other material promoting the Church's activities  
**YES/NO (please circle)**

### I CERTIFY ACCEPTANCE OF THESE CONDITIONS.

Parent/Guardian name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

### PRIVACY STATEMENT

Stanmore Baptist Church collects and uses the above personal information to facilitate the operation of SBKC establish contacts and ensure the safety of your children. All information is securely stored for record purposes only. Our privacy statement can be downloaded from the SBC website [www.stanmorebaptist.org.au](http://www.stanmorebaptist.org.au)