

Hawkesbury District Presbyterian Church Children's Discipleship Programme 2021 Registration Form

Please complete a separate form for each child.

Parent/Carer Details

Name: _____ Relationship to child: _____

Phone: _____ Email: _____

Address: _____

Name: _____ Relationship to child: _____

Phone: _____ Email: _____

Address: _____

Child Details

Name: _____

Date of Birth: _____ Age: _____ Year at school: _____

Address: _____
(if same as parent/carer, write 'as above')

Medicare number: _____

Does your child have any food or other allergies we should be aware of? YES NO

If yes, please provide relevant details. _____

Does your child have any behavioural, developmental or other issues that would be helpful for us to know? YES NO

If yes, please provide relevant details. _____

Does your child suffer from any medical issues that we should be aware of? YES NO

If yes, please provide relevant details. _____

Are there any court orders or custody arrangements we should be aware of? YES NO

If yes, please provide relevant details. _____

Note: This form will be retained until the child reaches 25 years of age.

Emergency Contact

Please provide details of someone that we can contact in case of an emergency situation where you are unavailable.

Name: _____ Relationship to child: _____

Phone: _____ Alternative
phone or email: _____

Address: _____

Authority and Acknowledgements

- I will remain on-site for the duration of the Children's Discipleship Programme.
- I will give notice in writing if someone other than the above-named Parent/Carer or Emergency Contact person is to collect the child.
- In the event of an emergency, I authorise the procurement of any medical, ambulance or similar services considered necessary, at my expense.
- I accept that any unacceptable behaviour on the part of my child may result in my child being temporarily or permanently prohibited from attending this programme.

Privacy Statement

Personal information collected is used only for purposes relating to spiritual, pastoral, social, educational, administrative, legal and historical functions of the Church. Personal and Sensitive Information collected by the Church and its Property Trust will be used in conformity with our Privacy Policy (which can be found at www.pcns.org.au or mailed to you on request). Your acceptance of this written advice will be regarded as your consent to collect and so use the information as described. If you do not want your information to be used by us, please do not provide it to us.

Signature

The information contained in this form is true and correct. I agree that I will ensure that any changes to this information are advised in writing as soon as possible.

Signature: _____ Date: _____