

St Paul's Children and Youth Ministry Registration Form 2020

(Families with multiple children only need to fill this form out once for all ministries their children may be involved in and return it to the Kids Church Co-ordinator – Bec Innes)

Key:

PG: Playgroup

E: Energise

MK: Mini Kids

F: Fusion

KC: Kid's Church

Child's name	Date of Birth	Sex	Ministries they attend				
			<input type="radio"/> PG	<input type="radio"/> MK	<input type="radio"/> KC	<input type="radio"/> E	<input type="radio"/> F
			<input type="radio"/> PG	<input type="radio"/> MK	<input type="radio"/> KC	<input type="radio"/> E	<input type="radio"/> F
			<input type="radio"/> PG	<input type="radio"/> MK	<input type="radio"/> KC	<input type="radio"/> E	<input type="radio"/> F
			<input type="radio"/> PG	<input type="radio"/> MK	<input type="radio"/> KC	<input type="radio"/> E	<input type="radio"/> F
			<input type="radio"/> PG	<input type="radio"/> MK	<input type="radio"/> KC	<input type="radio"/> E	<input type="radio"/> F
			<input type="radio"/> PG	<input type="radio"/> MK	<input type="radio"/> KC	<input type="radio"/> E	<input type="radio"/> F
			<input type="radio"/> PG	<input type="radio"/> MK	<input type="radio"/> KC	<input type="radio"/> E	<input type="radio"/> F
			<input type="radio"/> PG	<input type="radio"/> MK	<input type="radio"/> KC	<input type="radio"/> E	<input type="radio"/> F

Parent / Guardian Contact:

Name:

Name:

Relation to Child:

Relation to Child:

Home Ph:

Home Ph:

Mobile:

Mobile:

Email:

Email:

Emergency Contact:

Name:

Relation to Child:

Home Ph:

Mobile:

Name:

Relation to Child:

Home Ph:

Mobile:

Consent:

Do you give permission for St Paul's children/youth ministry team members to give basic first aid to your child **YES/NO**

Do you give permission for St Paul's children/youth ministry team members to seek Emergency Medical Assistance if required: **YES/NO**

Medicare No:

Private Health Care: **YES/NO**

Fund:

Number:

Ambulance Cover: **YES/NO**

Fund:

Number:

Do you give permission for photos or videos of your child to be taken whilst involved in children/youth ministry at St Paul's and used for display purposes at church only? **YES/NO**

Do you give permission for photos or videos of your child to be taken whilst involved in children/youth ministry at St Paul's and used on our Facebook and Website pages for display, promotion and information purposes? **YES/NO**

Does your child have any allergies or special needs that we should be aware of? Please include any dietary requirements, asthma plans, anaphylactic action plans

Signed: _____ Date: _____

Name: _____

Relation to child: _____