

Registration Form for Sunday Morning Children's Programs

**** One form per child ****

Please return as soon as possible... thank you 😊



Child's details

Child's Name: _____ Date of Birth: _____ M/F: _____

School/Kindy: _____ Year Level / When starting school: _____

Medical History, eg. asthma, allergies, blood disorders (please specify): _____

Any special care required? (please specify or attach extra information if required): _____

Parent's/Caregiver's details

Names: _____

Address: _____

Phone: _____ Mobile: _____

E-mail: _____

Emergency Contact (relationship to child): _____ Phone: _____

Anything else that we need to know, eg. custodian issues? (please specify) _____

If you are not able to collect your child, who may? _____

We are required to have your parental/caregiver consent to the statements overleaf in order for your children to participate in the Sunday morning programs. Please read the statements and then sign and date to show consent for each area, ticking boxes where required. Please contact David Buxton on 8270 1800 or 0438 500 375 if you have any queries or would like more information before signing. Thank you.

PTO for Consent Statements...



Privacy Information

All the information recorded on this form is collected and managed in accordance with the Uniting Church Privacy Policy. This information has been collected for the primary purpose of Coromandel Valley Uniting Church and may be used for any activities conducted or promoted by Coromandel Valley Uniting Church.

If you do not want this information to be used for any activities conducted or promoted by Coromandel Valley Uniting Church, please notify in writing: Privacy Officer, 415 Main Rd, Coromandel Valley, SA 5051

For further information please contact: Sue Laycock (ph: 8270 1800)

General Consent

I consent to my child taking part in the approved program of activities for the Coromandel Valley Uniting Church Children's Ministry Sunday morning programs, including when they are accompanied across the top car park to the adjoining reserve on the understanding that there will always be an appropriate ratio of adults to children.

I appreciate that the leaders of Coromandel Valley Uniting Church will take every care and that the leaders and those connected with the activities cannot be held responsible for personal injury, loss or theft of property.

Signed: _____ *Parent/Caregiver* Date: _____

Medical Consent

I authorise the leader in charge of the group, where it is impractical to communicate with me, to arrange for medical treatment, as the leader may deem necessary at any time during the Children's Sunday morning program activities. I accept responsibility for payment of all expenses associated with treatment.

☐ I further authorise the use of ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgment it is necessary.

Ambulance cover: ☐ No ☐ Yes (please provide details): _____

Signed: _____ *Parent/Caregiver* Date: _____

Permission to view video tapes and DVDs

I consent to my child viewing video tapes and/or DVDs which are rated (please tick):

☐ (F) Family ☐ (G) General ☐ (PG) Parental Guidance

I understand that all video tapes and DVDs would be previewed by a program leader to check suitability for use.

Signed: _____ *Parent/Caregiver* Date: _____

Permission for transport

There may be times when children need to be transported in private cars, eg. for special events etc.

I give consent for my child to be transported in private cars by full licensed drivers (not P-platers) who are approved by Church Council.

☐ Yes ☐ No Signed: _____ *Parent/Caregiver* Date: _____

Permission to show photographs and/or video footage

There are times when children may be photographed and/or filmed, eg. in program activities or special events etc.

I give permission for photographs and/or video footage of my child to be displayed in church or on the church website. I understand that as a safety precaution my child's family name will not be published on the internet and that there will be no linkage of names with photographs.

☐ Yes ☐ No Signed: _____ *Parent/Caregiver* Date: _____

KBG only - permission for sign-out by a KBG leader

I give consent for my child to be signed out by an adult KBG leader or helper instead of by myself at the end of the session. I acknowledge that the child is in my charge, take responsibility for their whereabouts once they are signed out and give permission for them to cross the car park to the main church building without adult supervision.

☐ Yes ☐ No Signed: _____ *Parent/Caregiver* Date: _____