



Sunday school Registration Form

Venue
9 Claredale Road
Doveton

Child 1 _____ Date of Birth _____ Age _____

Child 2 _____ Date of Birth _____ Age _____

Child 3 _____ Date of Birth _____ Age _____

Child 4 _____ Date of Birth _____ Age _____

Mother's Name _____ Mobile _____ Home _____

Father's Name _____ Mobile _____ Home _____

Emergency Contact _____ Mobile _____ Home _____
(Other than Parent/ Guardian)

Address : _____

: _____

Email Address : _____

Does your child have any medical condition we should be aware of (eg diabetes, asthma, epilepsy etc?)

Please indicate: Child 1 _____ Child 2 _____

Child 3 _____ Child 4 _____

Does your child have any allergies (eg food, bee stings etc?)

Please indicate: Child 1 _____ Child 2 _____

Child 3 _____ Child 4 _____

Do you have an ambulance cover - **YES / NO** Do you have a Medicare card - **YES / NO** _____
(Please circle Yes or No)

Please read carefully and sign:

I understand that as participant my children may be photographed or videotaped during normal Sunday school activities and these photos/videos may be used in promotional materials and church website. I give permission for my children's photograph or videos can be used in promotional materials.

YES / NO (Please circle Yes or No)

In the event that I cannot be contacted, I give permission for medical treatment deemed necessary by a medical practitioner to be administered to the children named on this form.

YES / NO (Please circle Yes or No)

I accept and consent that Mr/Mrs/Ms _____ will be transporting my child to and from for the Sunday school.

PRINT NAME _____ **SIGNATURE** _____ **DATE** _____