

BAULKHAM HILLS BAPTIST CHURCH
FUN DAY REGISTRATION FORM for Monday 19th April 2010.

Places are limited. Applications will be accepted in the order they are received, so please register early to avoid disappointment. Registrations will be accepted until 12th April unless places are filled before this date.

(Please complete a separate application for each child.)

First name _____ Family name _____ (boy / girl)

School: _____ School year: _____

Parents' or guardians' names _____

Address: _____

Phone numbers: (Home) _____

(Work) _____ (Mobile) _____

Please provide an email address, so we can confirm that your child has a place at *Fun Day*:

Names of child's brothers and sisters attending: _____

MEDICAL INFORMATION

Medicare number: _____

Does your child have any medical conditions, allergies, emotional or behavioural problems that we should know about? YES / NO.

If 'YES' please give details: _____

Does your child require any special care? YES / NO

If 'YES' please give details: _____

DIETARY RESTRICTIONS

Is your child on a restricted diet? YES / NO

If YES, please indicate foods or drinks which your child should **not** consume: _____

IN CASE OF EMERGENCY – CONTACT NUMBERS

Please provide the name and phone numbers of another person we can contact if an emergency situation arises with your child and **we are unable to contact you.**

Name: _____ Relationship to child _____

Phone: (Home) _____ (Wk) _____ (Mob) _____ **PTO→**

PARENTAL CONSENT

Please complete statements 1, 2, 3, 4, 5, 9 and 11 before signing:

1. I would like the leaders to see that my child applies sunscreen in the middle of the day. (We will supply the sunscreen.) YES / NO
2. I am happy for an individual photograph to be taken of my child for part of a craft activity. (Image will be deleted from camera once print is made) YES / NO
3. I am happy for my child to be included in a group photograph which will be sent to each child attending. YES/ NO
4. I give permission for my child to be included in photographs to be displayed at Baulkham Hills Baptist Church and in Power Point presentations at Baulkham Hills Baptist Church. YES / NO.
5. I would like to be informed by email or post about the next *FUN DAY* YES / NO.
6. I authorise the leader in charge of *Fun Day* to arrange for my child to receive such first aid medical treatment he/ she may deem necessary.
7. I authorise the use of an ambulance if in his/ her judgement it is deemed necessary.
8. I accept responsibility for expenses associated with such treatment.
9. If I am unable to collect my child at the completion of *Fun Day* he/ she will be transported home with the following people: _____

10. I understand there will be no child supervision before 8.30 am or after 5 pm.

11. I enclose payment of \$15 CASH/ CHEQUE (Cheques to be made out to ***Baulkham Hills Baptist Church***) (Maximum of \$30 per family.)

Signature of parent or guardian _____ Date: _____

PRIVACY NOTICE

All information gathered from registration will remain confidential and will be seen only by FUN DAY leaders. It will be used only for the purposes of caring for the children and keeping families up to date with future events. It will not be given or sold to any third party. No photos taken of children will be circulated outside the church without express parental consent.

Post this form, together with payment to

Fun Day Baulkham Hills Baptist Church P.O. Box 221 Baulkham Hills, 1755

OR

Deliver the form, along with payment to the church office, 41 Sarah Crescent Baulkham Hills. Lyn, our office secretary, is usually there on Mondays, Thursdays and Fridays from 9 am to 1 pm, but please ring the office before you call in to make sure she is in attendance.

The office phone number is **9639 1981**.

We cannot be responsible for registrations lost in the mail Please check your email for confirmation of your child's place a few working days after posting.

Heather McGregor (Fun Day Leader in Charge)