



BLAKEHURST

ANGLICAN CHURCH

A HEART FOR JESUS

2019 Children Enrolment Form

Child's Details

First Name _____ Last Name _____

Address _____

Suburb _____ Postcode _____

Child's Age _____ Date of Birth __/__/____ Gender _____

2019 School Year _____ School _____

Please tick relevant program/s:

- | | |
|--|--|
| <input type="checkbox"/> Creche (Sunday 10am) | <input type="checkbox"/> Mini Marty's Play Group (Friday 9:15am) |
| <input type="checkbox"/> FiSH Kids (Sunday 10am) | <input type="checkbox"/> COMPASS Kids (Friday 3pm) |
| <input type="checkbox"/> ANCHOR Youth (Friday 7pm) | |

Guardian 1 _____ Contact No. _____

Guardian 2 _____ Contact No. _____

Please provide an active email address to receive all communications and updates regarding enrolled program.

Guardian's Email (1) _____

Guardian's Email (2) _____

Please note the following is only applicable to youth attending Anchor. Please also refer to the Anglican Diocese of Sydney *Social Contact Policy*.

Child's Email _____

Medical & Care Needs

Emergency Contact (not a parent/guardian listed above) _____

Relationship to Child _____ Contact No. _____

Family Doctor _____ Contact No. _____

Does your child have any medical condition, allergies, or special dietary requirements? Yes | No

If yes, please outline details of condition, severity, and medical needs _____

Is there any other information that would be of relevance regarding the learning and care of your child?

Is there anyone legally restricted from seeing your child?

Yes | No

If yes, please outline details of court order _____

Multimedia & Travel Permission

- I give permission for photos and videos of my child to be taken and used by Blakehurst Anglican Church for promotional purposes and presentations: Yes | No
- I give permission for my child to be picked up from Bald Face Public School on Friday afternoons and walked to Blakehurst Anglican Church by the leaders at Compass Kids: Yes | No
- I give permission for my child to be picked up from a program at Blakehurst Anglican Church by the following person/s (other than a parent/guardian listed above):
 - 1) Name _____ Contact No. _____
 - 2) Name _____ Contact No. _____
 - 3) Name _____ Contact No. _____

Authorisation

Parents please read, sign and date the following:

My signature below indicates my willingness to permit my child _____

- to participate fully in the youth/children program within the parish church of Blakehurst Anglican Church
- in the case of a medical emergency, I hereby give permission to the Doctor chosen by the church authorities or other persons supervising or administering the youth/children’s activity, to secure all necessary and proper treatment for and/or order hospitalisation, injection, anaesthetic, or surgery for my child as named. I agree to pay all such doctor, ambulance and hospital fees incurred on behalf of my child.
- in the case of an emergency, I understand that every effort will be made to contact me prior to instituting such procedures. Whilst every precaution will be taken to ensure the welfare and protection of my child, Blakehurst Anglican Church, its council members, voluntary workers, employees or any other person acting on their behalf are hereby released from any and all liability in the event of an accident or misfortune that may occur to my child or damage or loss of their property.

PARENT OR GUARDIAN’S SIGNATURE CERTIFYING ACCEPTANCE OF ALL THESE CONDITIONS

Signature _____ Date _____

Blakehurst Anglican Church will treat the information contained confidentially. This information may be shared with a third party when it concerns medical health or care of the individual listed. If you wish to access this information or have queries in relation to the manner in which we handle your personal information, please do not hesitate to contact us.