

Kids on the Plains

Kids Club provided by Grace Christian Church Redbank Plains

The information on this form will be used to provide a safe and responsible environment for your child/children at Kids on the Plains.

Child's details

Family Name _____

Children's Names, Gender and Date of Birth:

_____ M F DOB ___/___/___ _____ M F DOB ___/___/___

_____ M F DOB ___/___/___ _____ M F DOB ___/___/___

_____ M F DOB ___/___/___ _____ M F DOB ___/___/___

Where did you hear about Kids on the Plains?

Date of 1st time attendance ___/___/___

Printed Advertisement

Sign out the Front Word of Mouth

Emergency contact details

	Parent/Caregiver 1	Parent/Caregiver 2
Full Name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to Child		
Home Phone		
Mobile Phone		
Residential Address		
Postal Address	<input type="checkbox"/> Same as Above	<input type="checkbox"/> Same as Above
Email		

Would you like to receive information re upcoming community events for children. Email SMS

Please turn over

Medical information (including allergies)

Should your child need to take medication during Kids on the Plains hours (eg. asthma puffer), please sign below to allow leaders to oversee the administration of such medication.

I, _____ Parent/Caregiver, give permission for leaders of Kids on the Plains, to oversee the administration of medication to my child/children _____ during Kids club hours. I understand it is my responsibility to give all appropriate information regarding this medication to the leaders so that it is administered according to professional medical instructions.

Medical condition symptoms/treatment _____

Medical condition symptoms/treatment _____

Signature: _____ Date: _____

If more information is required, please use the "Other Information" section below.

Child access

Is there any limitation(s) on contact between the child and a parent or another person? If yes, please attach a copy of current Court Order or registered parenting plan that contains the limitation(s) Yes No

Please specify the names of any additional people who are authorized to be able to collect your child:

Other information

Please provide any other relevant information that needs to be given to staff of Kids on the Plains.

Parent/Caregiver Name: _____

Parent/Caregiver Signature: _____

Privacy statement

The Kids on the Plains Kids Club is collecting the information on this form for the purposes of providing a safe and secure environment for all its participants and leaders. It will not be disclosed to any person via any method outside the care of Kids on the Plains and will be stored securely. If you wish to access or correct any of the personal information on this form, discuss how it has been dealt with, or view policies and procedures relating to Kids on the Plains, please ask one of the leaders.