



Registration Form

Kids Club & Youth Group
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 Club & Youth Group.

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 ____/____/____

Date of 1st time attendance ____/____/____

Where did you hear about Kids on the Plains?

☐ Printed Advertisement ☐ Website ☐ Facebook
☐ 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 Club/Youth Group 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 Club/Youth

Group, to oversee the administration of medication to my child/children

_____ (name/s) during Kids Club/Youth Group 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 Club/Youth Group.

Covid-19 Agreement

I understand that my child will be unable to attend Kids Club / Youth Group if they

- have a fever or symptoms of respiratory infection (cough, sore throat, shortness of breath)
- have returned from overseas in the last 14 days
- have been in close contact with a confirmed case of COVID-19: (coronavirus) in the last 14 days

I understand that if the church reaches the maximum capacity under the Covid plan my child may not be able to attend.

☐ I agree

Parent/Caregiver Name: _____

Parent/Caregiver Signature: _____

Privacy statement

Grace Christian Church 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 Grace Christian Church 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 Club/Youth Group, please ask one of the leaders.

GRACE CHRISTIAN CHURCH

School Road
REDBANK PLAINS, 4301

Email: pastor@gracecc.com.au
Website: www.gracecc.com.au

Dear Parent/Guardian,

On occasions, Grace Christian Church needs to promote itself to the wider community through various media outlets. This could include the Church website, various newspapers, radio stations etc. The Church may seek to obtain media attention of children, parents and/or staff achievements through similar mediums, which include photographs and names.

For electronic mediums other than our Church website, written information with a separate consent form will be sent to parents.

To enable us to facilitate the smooth and speedy processing of such media attention, we require prior written permission (via Consent Form) from parents/guardians on behalf of every child at the Church. A database will then be maintained with the relevant information.

Would you, therefore kindly complete and return the attached consent form at your earliest convenience. If you have any queries please do not hesitate to contact me.

Yours sincerely,

Grace Christian Church

GRACE CHRISTIAN CHURCH

MEDIA CONSENT FORM

I, _____, parent/guardian of the following children agree/do not agree (strike whatever is NOT appropriate) to allow Grace Christian Church to use images and names of my son / daughter / dependant, and/or his / her work, to be published in newspapers, journals, brochures and our Church website where such publications feature Grace Christian Church and/or related activities. CHILDREN'S NAMES WILL NOT BE IDENTIFIED ON THE CHURCH WEBSITE.

I understand that the purpose of this is to promote the Church and provide information to the local and wider community.

Please complete the table below filling in the relevant information indicating whether or not permission is granted.

Child's Name	Printed Medium Yes / No	Church Website Yes / No

Parent / Guardian 's Signature _____ Date ____/____/____

Please return this form.