

Narwee Baptist Church Registration Form Kidz Club - Fridays 4-6pm

Family Name:	Child's Name:	
School:	Year at School:	_D.O.B
Parent/Guardian Names:		
Address:		
Phone: Er	mail:	
Dietary Issues: Is there anything you	r child cannot eat and/or drink? (If yes	, please give details)
Medical Conditions: Please list any require. If your child is anaphylactic to armanagement plan.		•
In Case of Emergency:		
Emergency Contact 1: Name:		
Relationship to child:		
Emergency Contact 2: Name: Relationship to child:		
medical treatment as the trained find I authorize the use of calling an an I accept responsibility for payment I give permission for my child to pay they are within reasonable walking I give permission for my child to be	of the group to arrange for my child arst aid person may deem necessary. Inbulance in an emergency. It of all expenses associated with such articipate in activities outside of the new distance. It is transported in private cars arranged at to be displayed in church publication.	treatment. ormal meeting complex where by the leaders of the group. ons eg. Website, newsletters, d home from the program with
I accept the above conditions and decla to update it if any changes occur.	re that the family information I have so	ubmitted is accurate, agreeing
Signed:	Dated:	
(Parent/Gua		
Payment Options:		
Kidz Club: \$4 per week - Cash or onlin	ne to:	

All of our leadership team members have cleared Working With Children Check Nos. and have completed the Creating Safe Spaces Training.

Narwee Baptist Church BSB 704922 A/c No. 100000121 (Please mark with child's full name)