

Registration Form 2024

Children & Youth

First Name		Surname					
Date of Birth		School Year	□ Male □ Female				
Medicare Number							
First Name		Surname					
Date of Birth		School Year	□ Male □ Female				
Medicare Number							
First Name		Surname					
Date of Birth		School Year	□ Male □ Female				
Medicare Number			PTO for more space				
Address							
Email							
Home Phone							
Parent/Care giver 1		Parent/Care giver 2					
Mobile 1		Mobile 2					
Additional needs or things we should know about your child? (Allergies, disabilities, medical conditions)							
Additional fleeds of thi	ings we should know about your crim	u? (Allergies, disabilities, i	·				
Is there anyone restrict	ted from collecting or seeing your ch	ild? □ Yes □ No	PTO for more space				
If yes, please give d		iid: Les Lino	DTO for more on one				
ii yes, piease give u	ctans.		PTO for more space				
Additional contact in	case of emergency	Name:					
Home Phone		Mobile					
Relationship to ch	ild(ren)						
I give permission for the leaders of the Anglican Churches of Culburra Beach Callala Bay Currarong to obtain medical treatment for my child in an emergency.							
Signature	my crilla in an emergency.	Date					
Our team will treat the information contained above confidentially. This information may be shared with a third party when it concerns medical care of the individuals listed. If you have any queries in relation to the manner in which we handle your personal information please do not hesitate to contact us.							
l.	. aive	permission for photos a	and video to be taken of my				
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hild(ren), . I give permission for images of my child(ren) to be used for the purposes of (Please tick below).							
□ promoting the group within the local community;							
promoting the group within the Anglican churches of Culburra Beach, Callala Bay and Currarong; and/or							
□ social networking (such as Facebook, Instagram or Twitter).							
Ciamat		Det-					
Signature		Date					