



Parramatta Baptist Church Holiday Program 2017 Registration Form

Child's Details

Child's Full Name: _____ Gender (Circle) M F

Date of Birth: _____

Address: _____

School: _____ Year at school: _____

A friend coming I'd like to be with: _____

Parents Name: _____ Home number: _____

Mobile number: _____

Emergency Contact: _____ Phone number: _____

Medicare number: _____ Expiry Date: _____

Known allergies or conditions/dietary requirements _____

In the unlikely event of illness or accident I give permission for any necessary medical treatment by the nominated first-aid person. I am willing for my child to receive medical treatment if I cannot be contacted in an emergency.

Parents signature: _____

Date: _____

We would like to send out information throughout the year, to inform you of other activities that may suit your child. Please mark the box if you would like this not to happen:

Please put a cross in this box if you DO NOT want your child's photos included in the Friday night powerpoint: