



2023 General Registration Form

If you need more copies of this form, email bec.witcombe@stalbansleura.org.au
Please direct completed rego forms to the above email or hand directly to Bec Witcombe

Details of Child

Name:

Address:

Age:

DOB: / /

Suburb:

Postcode:

Sex:

School Name:

School Yr:

Email:

Mobile:

Parent/Guardian Details

Name:

Mob:

Email:

Child Health Information

Emergency Contact:

Ph:

Is your child on a special diet? (If yes, please give details in space below)

Yes / No

Does your child take any medication? (If yes, please outline dosage, purpose & times)

Yes / No

Does your child have any known behavioural problems? (If yes, please give details below)

Yes / No

Does your child have any allergies (drugs, food)? (If yes, please give details below)

Yes / No

Are there any other details regarding health that would be helpful for the team to know about, to provide the best care possible for your child? (If yes, please give details below)

Parent Permission

I give permission for my child's photograph/video and name to be published on the church website, Social media (Facebook & Instagram), YouTube and other printed promotional material. I give permission for a photograph/video of my child to be used by St Alban's in the agreed above publications without acknowledgment, remuneration or compensation. I understand and agree that if I wish to withdraw this authorisation and consent, it is my responsibility to notify the church. I understand that at any time I can request that a photo or video be removed from online posting if I believe it to be inappropriate.

Yes / No

I give permission for Arvo Club Leaders to pick-up and walk my child from Leura Public School to St Alban's Anglican Church on Friday afternoons to attend the Arvo Club Program

Yes / No

I herby:

- Permit my child to participate fully in all the activities of Arvo Club
- In case of medical emergency, give permission to the doctor chosen by the church authorities or other persons supervising, to secure proper treatment for and/or order hospitalisation, injection, anaesthetic, or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures.
- I understand that whilst all due care is taken, St Alban's Leura will not be held liable for any accident that may occur
- I confirm that the information given in this form is true and correct, and will advise Bec Witcombe of any changes to this information.

Signature of parent/guardian:

Date / /