

## MINISTRY PROGRAM REGISTRATION FORM

Name of Program	
Name of Child/Young Person	
Address of Child/Young Person	
Phone Contact for Child/Young Person	
Name of Parent/Guardian	
Contact details for Parent/Guardian	
Name of person/s approved to provide transport to and from program	
Who has authority to collect this child? (If these details change, please notify the ministry coordinator in writing)	
Emergency contact person/s & contact details	
<b>Please describe any special requirements, or guardianship issues you need to inform us about</b>	

Our Church is a place where Christ's gospel of love, forgiveness and reconciliation is taught and practiced and children have the option to receive prayer. It is a place where all who seek God's love and help can come in safety. All leaders in programs follow the Diocesan Code of Good Practice and Safe Communities of Faith (*Copies available on request*).

Behaviour Expectation: Children/young people attending this program are expected to be courteous to others and follow instructions of the ministry leaders during the program.

***Parent/Guardian permission:***

- I give my permission for my son/daughter/ward (*please circle as appropriate*) to attend the abovementioned Ministry program.
- I have discussed the *behaviour expectation* with them and they have agreed to meet this expectation.
- I give permission for medical treatment to be accessed during a medical emergency. I understand I will be contacted immediately should urgent medical treatment be necessary.
- I give permission for my son/daughter/ward to be photographed to use as promotional material or on our website for our ministry program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

**Please complete the attached Medical Information Form and return it with Registration Form**

## Medical Information Form

### INFORMATION FOR EMERGENCY USE ONLY

Name of child or young person	
Person to contact in an emergency	
Telephone No of emergency contact	
Name of Family Doctor	
Doctor's Address	
Doctor's Contact No	
Medicare number	
List any medical conditions your child suffers from	
List any allergies your child suffers from	
Medications to be administered in an emergency ( <i>including any specific directions for administering the medication</i> )	

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_