

Children's and Youth Ministry Registration Form - 2022

To be completed for all children under 18 years

Effective from Date signed to December 31st 2022 in relation to the activities indicated in the personal details section overleaf.

Parent / Caregiver 1

Name:	Home Phone:
Email:	Mobile:
Home Address:	
Relationship to child/ren:	

Parent / Caregiver 2 (only include detail that differs from above)

Name:	Home Phone:
Email:	Mobile:
Home Address:	
Relationship to child/ren:	

Emergency Contact (alternative to parent/caregiver)

Name:	Home Phone:
Relationship to child/ren:	Mobile:

Privacy Declaration

Burnie Anglican Church takes the handling of personal details seriously and all personal information will be kept securely, whether physical or digital.

The personal information in this form will be made available to –

- (a) the Team Leaders involved in the running of the activities in which my child participates, and
- (b) medical and emergency services if considered necessary.

Images and Video

Please tick if you agree:

I have filled out the *Image & Video Consent Form* (Attached) to indicate my wishes regarding images and videos of family members.

I agree that I will only take images or videos of my children, and will not publish any images or videos that contain other children without the express permission of their parents/care givers.

Authorisations & Expectations

- I give permission for my child to attend all scheduled activities (Indicated for each child), unless I advise the Team Coordinator otherwise.
- I authorise the Team Leaders, in the event of an emergency, to obtain at my expense any medical, ambulance, rescue or other services that are considered necessary for my child.
- I acknowledge that being part of a community involves mutual care and consideration, and therefore agree that unacceptable behaviour may result in my child being removed from a program. In such an event, I accept responsibility to arrange transport for my child from the program.
- I will provide the Program Coordinators with any information relevant to the wellbeing of my child prior to him/her attending an activity. This might include supporting documentation (eg: AVO, Family Court Order) if there is anyone who is legally restricted from seeing your child.
- I confirm that the information given in this form is true and correct, and will advise the Program Coordinator of any changes to this information.

Signature of Parent / Caregiver

Print full name:	
Sign:	Date:

If you have any questions about this permission form, please contact the office at office@burnieanglican.org.au on by phone (03) 6431 2780.

Child 1 – Personal Details

Attending (tick): Playtime KLT (Sunday School)
 Kids Club Youth Group

Name:	M / F :	DOB:
School:	Grade:	
Medicare number:	Position on card:	
Medicare expiry date:		

We will keep these details on file so that we do not have to ask for them prior to each event, unless you request otherwise. Please advise the Program Coordinator as soon as practical of any changes to this information.

Authorisations

Do you authorise anyone else to drop-off or collect your child for their program?

Yes No (Please list names and contact numbers in comments below)

Comments about Transport:

.....

.....

Medical and care needs

Please indicate any medical conditions that Team Leaders should know about? N/A

Prescription medication Chronic illness Medical allergies Other

Details:

.....

.....

Do you give permission for your child to take paracetamol if required? Yes No

Please indicate any specific care needs that we should know about in order to provide the best duty of care for your child. (e.g. Behavioural/Physical/Medical) Yes N/A

Details:

.....

.....

Is there anyone who is legally restricted from seeing your child? Yes No

If yes, please attach copies of any supporting documentation (eg: AVO or Family Court Order)

Dietary Issues

Does your child have any special dietary need that we should know about? N/A

Food allergies e.g. nuts, Gluten, Dairy etc. Other

Details:
.....
.....

Recommended Response:
.....
.....

Is your child capable of swimming more than 30m unassisted? Yes No

Please provide any further details you consider relevant:

Child 2 – Personal Details

Attending (tick): Playtime KLT (Sunday School)
 Kids Club Youth Group

Name:	M / F :	DOB:
School:	Grade:	
Medicare number:	Position on card:	
Medicare expiry date:		

We will keep these details on file so that we do not have to ask for them prior to each event, unless you request otherwise. Please advise the Program Coordinator as soon as practical of any changes to this information.

Authorisations

Do you authorise anyone else to drop-off or collect your child for their program?

Yes No (Please list names and contact numbers in comments below)

Comments about Transport:

Medical and care needs

Please indicate any medical conditions that Team Leaders should know about? N/A

Prescription medication Chronic illness Medical allergies Other

Details:

Do you give permission for your child to take paracetamol if required? Yes No

Please indicate any specific care needs that we should know about in order to provide the best duty of care for your child. (e.g. Behavioural/Physical/Medical) Yes N/A

Details:

Is there anyone who is legally restricted from seeing your child? Yes No
If yes, please attach copies of any supporting documentation (eg: AVO or Family Court Order)

Dietary Issues

Does your child have any special dietary need that we should know about? N/A

Food allergies e.g. nuts, Gluten, Dairy etc. Other

Details:
.....
.....

Recommended Response:
.....
.....

Is your child capable of swimming more than 30m unassisted? Yes No

Please provide any further details you consider relevant:

Child 3 – Personal Details

Attending (tick): Playtime KLT (Sunday School)
 Kids Club Youth Group

Name:	M / F :	DOB:
School:	Grade:	
Medicare number:	Position on card:	
Medicare expiry date:		

We will keep these details on file so that we do not have to ask for them prior to each event, unless you request otherwise. Please advise the Program Coordinator as soon as practical of any changes to this information.

Authorisations

Do you authorise anyone else to drop-off or collect your child for their program?

Yes No (Please list names and contact numbers in comments below)

Comments about Transport:

.....

.....

Medical and care needs

Please indicate any medical conditions that Team Leaders should know about? N/A

Prescription medication Chronic illness Medical allergies Other

Details:

.....

.....

Do you give permission for your child to take paracetamol if required? Yes No

Please indicate any specific care needs that we should know about in order to provide the best duty of care for your child. (e.g. Behavioural/Physical/Medical) Yes N/A

Details:

.....

.....

Is there anyone who is legally restricted from seeing your child? Yes No
If yes, please attach copies of any supporting documentation (eg: AVO or Family Court Order)

Dietary Issues

Does your child have any special dietary need that we should know about? N/A

Food allergies e.g. nuts, Gluten, Dairy etc. Other

Details:
.....
.....

Recommended Response:
.....
.....

Is your child capable of swimming more than 30m unassisted? Yes No

Please provide any further details you consider relevant:

IMAGE & VIDEO CONSENT

As a church that seeks to reach out to the community and offer glimpses of parish life, we occasionally require images of people to publish on church media. In our particular church context, this might include (but not limited to): *website, brochures, social media, signage etc.* We would love for you to be willing to be part of our media, but we understand that sometimes this is not preferable for some people. We want to invite you to allow the church to create and use your image for the above purposes. You can allow this by filling out this form for your family. It allows you to indicate some or all of your family members with whom images are able to be used. We ask that both parents sign where this is possible (even if one or both parents are preferring their photos not to be used).

Will you get to check the photo before publication? Yes. If a photo that contains your image is chosen to be published, we will check with the people in that image to make sure they are okay with the particular image being published.

What am I permitting exactly? We require two sets of consent:

- 1) for the 'creation' of an image (including video) (i.e. the taking of a photograph and the storage of the photograph on a hard drive)
- 2) for the 'use' of an image (i.e. the publishing, or projection of an image).

You can also indicate that you wish to limit your photo publication to the parish directory only.

Any other questions can be answered by your Senior Minister or Media Officer.

CONSENT

DATE: / / 20

ADULT #1: Name (Print)	Email:	Signature:
ADULT #2: Name (Print)	Email:	Signature:

FAMILY MEMBERS	CONSENT		
	<u>Creation and Storing</u>	<u>Publication</u>	<u>Directory Only</u>
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I <u>do not</u> wish for images of these people to be created, stored, or published by the church <input type="checkbox"/>			

