



KIDS MINISTRY

Annual Registration Form 2022

Thank you for registering in Grace Church of Christ Kids Ministry.
A parent(s) or legal guardian(s) should fill out a separate form for each child involved to help us provide the best way to care for your children. Please return the completed form(s) to:
Kids Ministry Grace Church of Christ, 21 Koomba Road, Wantirna, VIC. 3152.

CHILD'S INFORMATION				
Child's Name			Birth Date (dd/mm/yy)	
Gender (m/f)	Age	Grade	School	
Address			Suburb	State and Postcode
FAMILY INFORMATION				
Father/Guardian Name				
Mother/Guardian Name				
Home Phone		Parents Mobile Phone(s)		
Parents Email Address(es)				
Are both parents living at home? (Y/N)		If no, who has legal custody of the child?		
Is there custodial information that we should be aware of? If so please list below:				
MEDICAL INFORMATION				
Are there any allergies that we need to be aware of (peanut, bee sting, drugs, etc.)?				
Are there any foods that they should not eat for health reasons?				
Is your child taking any medication (Y/N)? If yes please list them, and reason for medication:				
Is there anything else medically that we should be aware of about your child (asthma, epilepsy, autism, etc.)?				
<i>*Please include relevant documents/information for any of the medical conditions stated above.</i>				
OTHER INFORMATION				
What language is spoken at home?				
Tell us something about your child (interest, hobbies, etc.).				
Do you attend Grace Church? If not, what church do you attend?				

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PUBLICITY WAIVER (OPTIONAL)

Would you allow us to take photos or videos of your child and use it for advertising purposes for the church?

☐ Yes ☐ No

RELEASE OF LIABILITY AND MEDICAL AUTHORIZATION**Consent and Certification**

I am the parent/legal guardian of the child named above and have the authority to consent to the participation of this child in Grace Church of Christ Kids Ministry. I consent to the participation of my child in the functions, programs and activities of the group. I appreciate that every care will be taken by the leaders and those connected with that group cannot be held responsible for personal injury, loss or theft of property affecting my child.

I also give permission for my child to watch G or PG rated videos (Short Films, Movies, DVDs) related to ministry. I understand that this permission covers my child for the whole time they are in Grace Church.

Medical Authorisation

I authorise the leader/s in charge where it is impractical to communicate with me, to arrange for my child to receive such medical or surgical treatment as the leader/s may deem necessary at any time during the activities of Grace Church.

I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

Signature of Parent(s) or Guardian

Date