

RECHARGE

PAYMENT: **Cheque** (Payable to Redlands Fellowship Pty Ltd) **Cash** **Credit** (Pay at the church office, or see Ps Bruce on
 \$10 a day x _____ = _____ **or** **Early Bird Special \$20** (To be paid by Sunday 4th July) _____ (Sunday)
 (Days) (Total)

Mail Registration Forms to Redland City Church 29 Beveridge Road Thornlands Qld 4164

CHILD REGISTRATION FORM

NOTE: This form must be filled out to allow any children to take part in the program to ensure the safety of everyone.

How did you find out about this program? Friend Newspaper School Newsletter Web Other.....

Child's Surname: Christian Names:

Date of Birth: Name of Parent/Guardian:.....

Address:

Telephone: Email:

Emergency Contact Name: Emergency Contact Telephone:.....

Please complete and give as much information as possible where appropriate

	(Circle) Yes/No	Details:
Heart Problems		
Respiratory Problems:		
• Asthma	Yes/No	
• Other	Yes/No	
Allergies		
• Food	Yes/No	
• Drugs	Yes/No	
• Ointments	Yes/No	
• Other	Yes/No	
Sugar Diabetes	Yes/No	
Blood Pressure	Yes/No	
Recent Operations	Yes/No	
Epilepsy	Yes/No	
Recent Illness	Yes/No	
Phobias	Yes/No	
Others: List	Yes/No	

I/We give Redland City Church permission to use my details to contact us. **YES / NO**

Has your child had a Tetanus Booster in the last 12 months? **YES / NO**

Are you in a Medical Insurance Fund? **YES / NO** Name of Fund:.....

Medicare Number:

Medicines: Please give details of any medicines being taken by your child including dosage frequency etc.

CONDITIONS

SUN PROTECTION: With our outdoor activities it is expected that parents/carers supply their children with hats and sunscreen. We have a "no hat, no play" policy.
MEDICATION & MEDICAL ATTENTION: Medicine including Panadol or puffers will not be administered by any person at Redland City Church, except when it holds written authorization from the participants Dr. or parent/guardian stating the drug & dosage required & if the drug has a pharmacy label on it which states dosage & route. The Children's Pastor or their representative will give medical attention, first aid or calling an ambulance as may be deemed necessary, this may incur costs, which you will be responsible for.
VISITORS: All visitors, parents or otherwise are encouraged to attend our events but must sign a 'Visitor's Register' & wear a visitors badge.
REGISTRATION: All children must be signed in & out of our program, please arrive early to allow time for this. Children will not be accepted if not signed in.
ILLNESSES: For the benefit of all children, no child will be admitted to our program if they are not well, including contagious illnesses, colds & open sores. The Children's Pastors decision in excluding ill children from our program is final.
ALLERGIES: At Redland City Church we aim to provide a safe environment for all children. If your child is allergic to anything or you are hesitant with us providing a safe menu, please bring something yourself for your child to eat/drink and advise us ahead of time.
LIABILITY: In signing this form you release Redland City Church, its staff & volunteers from any liability in any event that may happen to your child / property.
PHOTOGRAPHY & VIDEOING: In signing this form you consent for your child to be captured in video/photographs at Redland City Church & that these images may be used solely by Redland City Church for any promotional purposes for future events.

I accept the above conditions **YES / NO** Parent/Guardian Signature: Date:.....

OFFICE USE ONLY	Amount Paid _____	Payment Received By _____	Date Received _____	Notes _____
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