



SUNDAY KIDS—CHILD INFORMATION FORM (confidential) 2017



SUNDAY KIDS is a program of the Lobethal Lutheran Church Inc.

CHILD

Surname: _____ Given Names: _____

Address: (Postal & res) _____

Postcode: _____ Telephone no: _____ Mobile no: _____

***Email address: important** for information, reminders, etc _____

Alternate contact in case of emergency: Name _____ Phone: _____

School attended: _____ Current year level: _____

Date of birth: _____

Religion: (Christian denomination/congregation/church if applicable) _____

Baptised: yes If yes, then date of Baptism _____ / no

Interests, pastimes, hobbies, sports etc _____

Please indicate any **medical/special needs** your child has, of which we need to be aware (allergies, foods, asthma, etc)? _____

Does your child require medication? If yes, what? _____

Does it need to come to Sunday Kids? (details if so) _____

Are there any other things that Sunday Kids leaders need know in order to care for your child appropriately, including any custodial issues?

Do you give permission for your **child to be photographed** and have photos displayed or printed for promotional purposes, in Sunday Kids Promotion, Church Messenger, Displays, Church websites etc ?

Yes No

Please note: Photos used on a website will never have names of children displayed.

PARENTS/GUARDIAN\$ Name\$:

Mother: _____ Father: _____

PARENTAL CONSENT (Please read carefully)

I/we consent to my/our child _____ attending Sunday Kids.

I/we authorize the leaders of Sunday Kids, who are all Child Safe trained and compliant, to take any necessary action to ensure the safety and wellbeing of my/our child while attending Sunday Kids.

I/we give permission for Sunday Kids Leaders to arrange any medical treatment that may become necessary for my/our child.

I/we agree to assist where able with various tasks associated with the running of Sunday Kids eg packing up (&vacuuming afterwards if necessary), interacting with the children on tasks, providing/serving packing up from food and drink before and after the sessions.. When available

I/we understand that the information collected about my/our child will only be used for the following purposes:

- To provide a safe environment for my/our child at Sunday Kids.
- To ensure appropriate attention is given to my/our child in relation to any medical or special needs.
- To assist leaders to organize activities that may incorporate my/our child's interest and needs.
- To help support you in your Christian parenting.

Signed: _____ **date:** _____

More room to write on the back if needed



FRIDAY FRIENDS—CHILD INFORMATION FORM (confidential) 2015



Friday Friends is a program of the Lobethal Lutheran Church Inc.

CHILD

Surname: _____ Given Names: _____

Address: _____

Postcode: _____ Telephone no: _____ Mobile no: _____

***Email address; important** for reminders, newsletters _____

Alternate contact in case of emergency: Name _____ Phone: _____

School attended: _____ Current year level: _____

Date of birth: _____

Religion: (Christian denomination/congregation/church if applicable) _____

Baptised: yes If yes, then date of Baptism _____ / no

Interests, pastimes, hobbies, sports etc _____

Please indicate any **medical/special needs** your child has, of which we need to be aware (allergies, foods, asthma, etc)? _____

Does your child require medication? If yes, what? _____

Does it need to come to Friday Friends? (details if so) _____

Are there any other things that Friday Friends leaders need know in order to care for your child appropriately, including any custodial issues?

Do you give permission for your **child to be photographed** and have photos displayed or printed for promotional purposes, in the Friday Friends Newsletter, Church Messenger, Displays, Church websites etc ?

Yes **No**

Please note: Photos used on a website will never have names of children displayed.

PARENTS/GUARDIAN\$ Name\$:

Mother: _____ Father: _____

PARENTAL CONSENT (Please read carefully)

I/we consent to my/our child _____ attending Friday Friends.

I/we authorize the leaders of Friday Friends, who are all Child Safe trained and compliant, to take any necessary action to ensure the safety and wellbeing of my/our child while attending Friday Friends.

I/we give permission for Friday Friends Leaders to arrange any medical treatment that may become necessary for my/our child.

I/we agree to assist where able with various tasks associated with the running of Friday Friends eg packing up & vacuuming afterwards.

I/we am/are available to help with afternoon tea . From 3pm-4pm YES/ NO

I/we understand that the information collected about my/our child will only be used for the following purposes:

- To provide a safe environment for my/our child at Friday Friends.
- To ensure appropriate attention is given to my/our child in relation to any medical or special needs.
- To assist leaders to organize activities that may incorporate my/our child's interest and needs.
- To help support you in your Christian parenting.

Signed: _____ **date:** _____