



Child's name : _____ Age : _____

Address : _____

PARENT/GUARDIAN DETAILS

Parent/guardian's name (include surname) : _____

Additional parent/guardian's name (include surname) : _____

Phone (home) : _____ (mobile) : _____

If you would like to be contacted regarding future children's ministry events, please include your email address : _____

EXTRA INFORMATION

Does your child have any medical conditions or special needs that may affect their participation in this program? _____ yes _____ no (if yes, please specify) _____

(age 2-3 and 4-5 groups only) Is your child toilet trained? _____ yes _____ no

Please note : you may be contacted during the event if your assistance is required in caring for your child, or in the case of a medical emergency

I consent to my child attending the children's program during the 'Unwrapping Christmas' event at Berwick Church of Christ, and participating in the activities conducted during this program. I acknowledge the staff and volunteers of Berwick Church of Christ will take all possible care but will not be held responsible for any unforeseen accident, illness or loss of property arising. I consent that in the event of any *illness or accident* for the employing of emergency medical assistance as my child requires. I understand that I shall be notified as soon as practicable should such an incident occur. I accept the responsibility for payment of any expenses incurred for such assistance. If during this program my *child's behaviour* is deemed by Berwick Church of Christ staff or volunteers to be inappropriate or compromising the safety of other children or volunteers, I understand that I will be contacted as soon as practicable and my child may be removed from the program as necessary.

Parent/Guardian signature : _____

Date : _____

