



Child's Name: _____

School Grade: _____

PLEASE NOTIFY US OF ANY CHANGES ON THIS FORM, OR ANY OTHER MATTERS YOU CONSIDER IMPORTANT FOR US TO KNOW ABOUT THIS YOUNG PERSON.

Household Information

(Must be completed for enrolment)

Parent's Name:

Email:

Phone:

Parent's Name:

Email:

Phone:

Full Address:

Enrolment

I'd like to enrol my child in:

- ALL Children/ Youth Programs at The Lakes (Kids Church/ Salt/ SaltLite/ Good News Week)
- Kids Church on Sunday Salt SaltLite
- Good News Week

How Did You Hear About Us?

Please complete this section only if you are not enrolling your child for ALL Children/ Youth Programs.

- I attend The Lakes Church Invited by family/ friend
- Direct mail/ flyers Outdoor signage
- Website Facebook Others:

Do you regularly attend another church?

- Yes, the name of church: _____
- No

Contact Person *(if not the same as above)*

Contact's Name:

Phone:

Full Address:

Relationship to the child:

Child's Personal Details

Name:

Gender:

Date of Birth (dd/mm/yyyy):

Age:

School:

Child's Medical/ Important Information

NOTIFIED ALLERGIES

NOTIFIED MEDICAL NEEDS Requires Epipen?

OTHER IMPORTANT INFORMATION

YOU MUST NOTIFY US IF YOUR CHILD SUFFERS FROM ASTHMA, ANAPHYLAXIS OR OTHER LIFE THREATENING CONDITIONS

PLEASE COMPLETE AND SIGN REVERSE OF THIS FORM

Child's Name: _____

School Grade: _____

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A Child Safe Environment

One of the core goals of our children and youth programs here at The Lakes Church is to provide a safe, secure and loving environment for children and young people in our care.

We know that the parents of children or youth connected into The Lakes community value the high priority placed on ensuring that children and youth have a fun, engaging experience in a safe environment.

The information on this form is collected to ensure that your child's participation is as enjoyable and safe as possible. Failure to supply the information will limit our ability to both care for your child appropriately and provide an environment that is safe and enjoyable. This information will not be used for any other purpose.

Authorisation and Consent

I consent to my child/charge, _____, participating in the programs and/or ministries offered by The Lakes Church as indicated above. I understand that the nature of the activities at these programs and/or ministries will include, but may not be limited to, games, devotions, craft and communal eating.

I understand that The Lakes Church will take all reasonable measures to ensure the safety of my child while in the care of the relevant ministry. Although all reasonable measures will be taken to identify and minimise risks during these programs, I agree to indemnify and hold harmless The Lakes Church and/or any ministry leader/volunteer against all claims, demands, suits and liability of whatever nature and howsoever arising out of the injury to a person/child, irrespective of whether such loss, damage or injury were caused or suffered by me or my minor as a result of participation in the ministry except where a legal duty of care exists.

I understand that every effort will be made by the leader to contact me in the event of any illness or accident.

I hereby authorise the leader, where it is impracticable to communicate with me, to arrange for my child/children to receive such medical or surgical treatment as the leader and a qualified medical practitioner may deem necessary at any time. 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 for all reasonable expenses associated with such treatment.

I consent to this information being added to the church database and only used for the purposes of ensuring a safe and enjoyable environment for my child when participating in the ministry.

I understand that The Lakes Church may use photos or video footage taken of my child for the purposes of promoting the ministry in the context of the wider church. This may include, but is not limited to, the church website and Facebook page, church announcements and advertising brochures. I understand that the name of my child will not be posted alongside such photograph(s).

I hereby give consent for _____ travel to and from Salt or SaltLite events with the group leaders or parents or by means of a fully licensed bus charter on occasions where the program may operate at a location other than The Lakes Church. I understand that I will be notified when this will occur.

[This paragraph applies to Salt and SaltLite group participants only – year 4 to year 12.]

The Lakes Church has a policy of protecting the confidentiality and security of personal information we collect. To find out more visit the *Policies & Legal* page of our website: thelakes.net.au

NAME OF PARENT OR GUARDIAN

SIGNATURE:

DATE:

/

/

Please initial:

I **do not** give permission for my child to be photographed.