



KidzArtz Registration 2018



Parent's Name		Emergency Contact	
Street		Emergency Phone	
Suburb		Medicare #	
Email		Medicare Expiry	/ /
Phone		Allergies or any other health information we may need to know	
Health Care Card			

Child's name	DOB	School Year	Medicare Ref #	Attendance			
				Tue	Wed	Thu	Fri
	/ /						
	/ /						
	/ /						
	/ /						

I understand that photos/video of my child(ren) may be taken and shown during Church and KidzArtz. Y / N

I give permission for leaders to obtain medical treatment in an emergency.
Please note: In an emergency all attempts will be made to contact you.
This permission is only sought if we are unable to contact you. Y / N

My Yr 5-6 child(ren) are interested in the Wed afternoon bushwalk Y / N

Who will collect your child(ren) at the end of each session (12noon)?

Is anyone legally restricted from seeing your child(ren)?

Signed / /

The leadership of KIDZARTZ will treat the information contained in the form with confidentiality. This information may be shared with a third party when it concerns the medical health or care of your child. If you wish to access this information or have any queries in relation to the manner in which we handle your personal information, please do not hesitate to contact us.