



CREATIVE KIDZ ENROLMENT FORM

CHILD DETAILS		
NAME:		
DATE OF BIRTH:	GRADE:	CLASS:
CURRENT ADDRESS:		
CITY:	STATE:	POSTCODE:
PARENT / GUARDIAN DETAILS		
PARENT / GUARDIAN NAME:		
E-MAIL:		MOBILE:
RELATIONSHIP:		LANDLINE:
EMERGENCY CONTACT		
EMERGENCY CONTACT NAME:		
RELATIONSHIP:		MOBILE:
ADDRESS:		LANDLINE:
CITY:	STATE:	POSTCODE:
MEDICAL INFORMATION		
MEDICAL TREATMENT CONSENT		
<p>In the event that emergency medical, hospital or ambulance assistance is required for my child, I give permission for Encompass Church staff or leaders to act at any time they consider necessary for my child. I understand that every effort will be made for myself to be notified before instituting such procedures. I acknowledge that I may be liable for any medical/hospital/ambulance expenses incurred in the treatment for my child. I also understand that every reasonable precaution will be taken to ensure the protection of my child, I hereby release, indemnify and hold blameless Encompass Church staff and volunteers from any and all liability in the event of any injury, accident or misfortune, damage or loss that may occur to the child and their property while attending the Creative Kidz program.</p>		
NAME OF PARENT/ GUARDIAN:		DATE:
SIGNATURE OF PARENT/GUARDIAN:		
PRIVACY DECLARATION		
<p>I understand and accept that Encompass Church may collect information about me and my child for the purpose of this registration form and for promoting our Creative Kidz ministry within the overall mission of our church. Creative Kidz activities will be captured in photographs, video and audio. Encompass Church reserves the right to use this material for promotional purposes. Therefore I consent for our relevant personal details to be used in any future events for the purposes identified herein.</p>		
NAME OF PARENT/ GUARDIAN:		DATE:
SIGNATURE OF PARENT/GUARDIAN:		