



REGISTRATION FORM

(One Per Child)

Child's Name: _____ Child's gender: _____

Child's age: _____ Date of Birth: _____ Current School Year: _____

Name of Parent(s): _____

Street Address: _____

City/Town: _____ State: _____ Post Code: _____

Home telephone: _____ Mobile: _____

Email address: _____

Payment

Fee: \$25 per child per week/\$6 per child per day

Internet Banking: BSB – 036:123; Account No. – 830033; Account Name: SDA Church. Include identifier – “Your surname”.

Cheques payable to: “SDA Church” and mail cheque and form to:
PO Box 915, Busselton. W.A. 6280

Email form and details to: kids@busseltonadventist.org.au or,

General Enquiries: Mobile – 0400 225 900

Attendance: Please tick the boxes for each day below (✓)

Monday	Tuesday	Wednesday	Thursday	Friday

Medical Information and Consent for Emergency Treatment & Transportation

Emergency Contact (Parent / Guardian):

Name: _____ Relationship to Child: _____

Phone (Mobile): _____

Phone (Alternative) _____

Address: _____ P/Code _____

Medicare & Private Health Cover:

Medicare number: _____ Is the child covered by private health insurance? Y / N

If Yes, name of insurer/fund: _____ Policy number: _____

Does the policy cover: Ambulance? Y / N Basic Hospital Bed? Y / N

Medical Contact:

Name of Usual Doctor / Clinic: _____

Phone _____

Address: _____

Known allergies or reactions to medications including pain killers: _____

Details of any ongoing prescribed substance or recommended medication:

Condition (if this is a potential source of embarrassment, please advise on a separate piece of paper and speak with a leader / supervisor / first aid / designated medical officer or camp nurse, about the condition)

Name of substance 1: _____ Dose: _____ Frequency: _____
Name of substance 2: _____ Dose: _____ Frequency: _____

Name of prescribing registered medical practitioner: _____

Can the child or young person self-administer? Describe: _____

Pre-existing Conditions:

Heart Trouble	Yes / No	Describe
Respiratory Problems	Yes / No	Describe
Asthma	Yes / No	Management plan?
Blood pressure	Yes / No	Describe

Epilepsy	Yes / No	Describe triggers / response plan
Allergies	Yes / No	Describe in detail, e.g. bees; plants; food etc. & impact Would hospitalization usually be required? Y / N
Phobias	Yes / No	Describe
Recent Operations	Yes / No	Any likely effects, or signs and symptoms to monitor?
Dietary Requirements & Preference Known intolerance to gluten, dairy, any preservatives, colours, flavourings, or synthetic anti-oxidants and the like?	Yes / No Yes / No	Describe
Swimmer	Yes / No	Competent Distance
Other relevant information?	Yes / No	Describe

Parent / Guardian Consent

I, (full name) _____, being the Parent / Guardian of the above named child or young person declare that the above is correct to the best of my knowledge at the time of completing this form. I permit the above named child or young person to be transported to a hospital or other professional medical care facility in an emergency, including by ambulance, in the event that either I or the emergency contact person named above are unavailable or cannot be contacted for any reason.

Signed: _____ Date: ____ / ____ / ____

Parent/Guardian Consent to Recordings

KIDS CLUB BUSSELTON SEVENTH-DAY ADVENTIST CHURCH

BACKGROUND

The Code of Conduct that establishes how adults are to behave towards children and young people within the AUC & NZPUC across Australia and New Zealand, and its constituent Conferences and local churches, companies, and church plants, specifies that: *DON'T take unauthorised photos of movies of a child on church property or at church activities without church authorisation and the parental/guardian consent.*

The local church/Department/Activity therefore informs parents/guardians that the following program or Church-sponsored activity has appointed authorised photographers:

Description of event/activity: Kids Club – ROAR

Dates/Time-period for event/activity: 5th October to 9th October, 2020

PARENT / GUARDIAN CONSENTS

As the parent / guardian, please 'tick' the boxes below that indicate your consent to your child/ren or young person/s being the subject/s of photo, sound, and movie recordings or depictions:

☐ I DO provide consent

☐ I DO NOT provide consent

If you DO consent (as indicated above), please specify the following additional consents regarding the permitted uses of such photos, sound, and movie recordings of your child/ren or young person/s:

- I consent to such photos, sound, and movie recordings to be displayed on noticeboards, screens, and displays within the church (circle): YES / NO
- I consent for photos, sound, and movie recordings to be displayed or used in church publications such as newsletters, brochures, and the church's website (circle): YES / NO
- I consent for photos, sound, and movie recordings to be used or displayed in church authorised Facebook and other social media, and in church authorised postings on YouTube and the like (circle): YES / NO
- I understand and agree that photos, sound, and movie recordings will not be used in any profitable enterprise or publication, and that no fee will be paid to a child/ren or young person/s or a parent/guardian for appearing in any depiction (circle): YES / NO

RULES FOR CHILDREN & YOUNG PEOPLE POSSESSING AND USING MOBILE PHONES, TABLETS, & OTHER MINI-RECORDING-DEVICES

- Whilst children or young people (particularly over 10-years of age) may have a right to mobile phones, tablets, and other miniature devices which have photo, sound, and movie recording capabilities, I understand and agree that church leaders may confiscate such device and return it to a parent / guardian (when next practical) if the device is reasonably believed to have been used by my child/ren or young person/s, or threatened to be used, to: harass; nuisance; bully; or otherwise tease, joke, humiliate, or mock any person (including a child; young person; staff member; volunteer; or parent/guardian helper). Please 'tick' to indicate that you understand, agree with, and consent to this rule: ☐
- In addition to the above rule, I further agree and understand that if apparent criminal activity (sexting; filming or sharing recordings of physical assaults and other forms of bullying; cyber-harassment; forwarding or sharing prohibited or restricted content including child pornography or child exploitation material) is reasonably believed to have occurred or be retained upon such device in the use or possession of my child/ren or young person/s, I consent for church leaders to confiscate the device and retain it for inspection by law enforcement agencies (such as the Police) and/or by church authorities. I further understand and agree that neither a parent/guardian nor a child/ren or young person/s will be compensated (financially or in any other way) if such device is retained indefinitely to assist with any investigation; criminal trial; civil proceeding; or procedure of any legislated tribunal or adjudicative body. Please 'tick' to indicate that you understand, agree with, and consent to this rule: ☐

Name of child: _____

Parent / Guardian's full name (print): _____

Relationship to the above child: _____

Signature _____ Date ____ / ____ / ____