

<b>Child's Personal Details:</b> Please complete a separate form for each child.					
First Name:		Last Name:		M	F
Preferred Name:		D.O.B. / /		Phone:	
Address:				Mobile:	
Suburb:		Postcode:		Email:	
<b>Medical Details:</b> Does your child have any of the following?					
Allergies (e.g., bee stings, penicillin, aspirin):					
Dietary requirements (e. g Lactose, gluten and/or sugar intolerant):					
Other relevant medical information (e.g. Asthma, migraines, ADHD, ASD, Speech):					
If Asthma – has it required hospitalization in the past?		Yes	No	Details:	
<b>Parent / Carer Details</b>		Contact 1		Contact 2	
Contact Name					
Relationship to child					
Phone number					
Mobile phone number					
<b>Child pick up</b>					
<b>Please respond to the following</b>					
I/We ask that my/our child be collected from the various activities only by the following people, unless I/we notify you of prior arrangements that have been made.					
Name:				Contact No.	
Name:				Contact No.	
<b>Consent</b>					
<b>Emergency response</b>		I understand every effort will be made to provide a safe environment for my child, in the event of an emergency the Creche staff will call me out of Service and appropriate on-going care will be continued			
<b>Child's Conduct</b>		I/We recognise that being a part of our community involves mutual care and consideration and therefore agree that unacceptable behaviour may result in my/our child being returned to parents.			
<b>Nappies and toileting</b>		I / We understand the Creche staff do not toilet or change nappies and understand I / We may be called from Church to perform the task			
<b>Photography</b>		I/We do/do not give permission for my/our child to be photographed and the photos used by Beenleigh and District Baptist Church.			
<b>Signature of parents/guardians</b>					
Name:		Signature		Date:	