



REGISTRATION FORM

DY costs **\$2 per week** OR **\$10 per term**

CHILD'S INFORMATION

First name: _____ Last name: _____

Date of Birth: _____ Gender: _____ School Grade: _____

School Name: _____

Home Address: _____

Suburb: _____ Post Code: _____

Does your child have any allergies? If YES, please provide details of allergies. Please email dy@drummoyne.org.au with response plans for anaphylaxis or asthma if applicable.

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1.

This is the main contact for all notices and communication regarding your child's program.

Parent/Guardian #1 full name: _____

Parent/Guardian #1 email address: _____

Parent/Guardian #1 phone number: _____

Parent/Guardian #2

This is the secondary contact and should be an adult relative or friend who is easily contactable in case of emergency.

Parent/Guardian #2 full name: _____

Parent/Guardian #2 phone number: _____

PERMISSIONS

Can we take and use your child's photo? Please tick all applicable

- In church services and children's programs
- on church website, printed material and for training others

Can we send mail (eg. Newsletters, outing information, etc)

- Yes
- No

Is there anyone legally restricted from seeing your child? If YES, please provide details in the next box.

- Yes
- No

If applicable, please provide details of access restrictions. Otherwise, leave BLANK.

My signature below indicates:

- My willingness to permit my child to participate fully in the children's programs of Drummoyne Presbyterian Church
- That I give my permission, in the case of a medical emergency, to the doctor chosen (either by the church authorities or other persons supervising or administering the activities), to secure proper treatment for and/or hospitalisation, injection, anaesthetic or surgery for my child as named. I understand that every effort will be made to contact me prior to instituting such procedures.

Signature: _____

Date: _____