



Registration Form (Short)

For use when the children's ministry activity is on the same premises as a concurrent parents' ministry activity (e.g. Sunday School). Complete the form once for each child and ask parents to inform you if details change.

Congregation: _____

Program: _____

Please tick one of the following: Trial Enrol Visiting Date: _____

Family Details

Parents/guardians name: _____

Address: _____

City: _____ Post code: _____

Home phone: _____ Mobile phone: _____

Email: _____

Please keep me up to date with information and news

Release Statement

I do not/grant the Uniting Church and its representatives the right to take photographs or video footage of any member of my family during the abovementioned activities. I authorise the Uniting Church to copyright use and publish the images for any lawful purpose to highlight and promote its ministry with children. My signature below indicates that I have read and understood the statement of release.

Parent/guardian signature _____ Date _____

My Childs involvement in Grow.

I give my permission for my child/ren listed below to attend GROW Sunday School this year under the supervision of the teachers of The Gap Uniting Church. I understand that it is my responsibility to supervise my child/ren before and after GROW Sunday School and that it is my responsibility to sign the attendance form and collect my child/ren after GROW has concluded.

Parent/guardian signature _____ Date _____

Child Details

Child's full name: _____

Your relationship to child: _____

Date of birth: _____ Age: _____ Grade/Year level: _____

Gender: Male Female

Health concerns/allergies: _____

Additional needs: _____

Action plan for health and additional needs (attach if needed): _____

Please complete page 2 of the form to provide details of additional children.



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Child Details

Child's full name: _____

Your relationship to child: _____

Date of birth: _____ Age: _____ Grade/Year level: _____

Gender: Male Female

Health concerns/allergies: _____

Additional needs: _____

Action plan for health and additional needs (attach if needed): _____

Child Details

Child's full name: _____

Your relationship to child: _____

Date of birth: _____ Age: _____ Grade/Year level: _____

Gender: Male Female

Health concerns/allergies: _____

Additional needs: _____

Action plan for health and additional needs (attach if needed): _____

Child Details

Child's full name: _____

Your relationship to child: _____

Date of birth: _____ Age: _____ Grade/Year level: _____

Gender: Male Female

Health concerns/allergies: _____

Additional needs: _____

Action plan for health and additional needs (attach if needed): _____