



**Child Registration Form**

Child Family Name: \_\_\_\_\_ Child First Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ School Year 2018: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Special Dietary Requirements: \_\_\_\_\_

Things we Need To Know about your child to help us provide the best possible care, e.g. likes, dislikes.

\_\_\_\_\_

**Parent Details**

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Home Church: \_\_\_\_\_

**Medical Release – Please read fully. By ticking the box below you are providing your consent.**

I understand that, while full care and attention will be given during activities, I accept full responsibility for my child while he/she is registered at CRC NSW/ACT Kids Conference.

In the event of an injury or illness, I understand that I will be notified as soon as possible. I also give permission for medical and ambulance services to be called should an emergency arise, and I agree to pay such costs for this, and any other costs incurred due to deliberate damage of property.

I release all CRC NSW/ACT Conference volunteers from all responsibilities relating to the above matters.

**Medical Release**    I consent    I Do Not Consent

**Photo/Video Release – Please read fully. By ticking the box below you are providing your consent.**

I also give permission for any photos or videos taken of my child while he/she is registered at the CRC NSW/ACT Kids Conference to be used in promotional material for other CRC children’s activities in the future.

**Photo Release**    I consent    I Do Not Consent

Thank you for providing this information. All information will be held as confidential and will only be used for the stated purposes.

Parent/Carer Signature: \_\_\_\_\_

## Payment & information

Preschool/ Under 5s \$10

Kindy and above \$30

Payment Details  Visa  MasterCard  Cheque (payable to Community Church Hornsby)

Card Number: \_\_\_\_|\_\_\_\_|\_\_\_\_|\_\_\_\_ Expiry Date: \_\_|\_\_ Total: \$ \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Direct Deposit** – Please attach evidence of transfer.  
BSB N°: 112-879 Acct N°: 431083135 (St George Bank)

Print this form and mail to: Community Church Hornsby, PO Box 487 Hornsby, NSW, 1630

Please contact our office on 02 9482 2479 if you have any questions or would like to make any changes to your registration.

We look forward to having you with us at CRC 2018 State Kids Conference!

**Date:** 25-27 April 2018

**Location:** CCH Ministry Centre, Unit 4, 67-71 Jersey Street, Hornsby