



### Attendee information form

TOO-SMC-01.1.12\_v1.0

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

### 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.



## 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): \_\_\_\_\_

### Document Review History

Version Number	Date	Reason	Aurthor/reviewer	Approved
1.0	22.01.2016	Created to support Safe Ministry with Children policy, Overseeing safe ministry with children and Planning Safe Programs processes	<ul style="list-style-type: none"> <li>• Safe Ministry (children) administrator</li> <li>• General counsel</li> <li>• Risk &amp; Insurance manager</li> </ul>	Associate general secretary
Due	22.01.2017	Review cycle – every year		