

Registration Form for Lutheran Holiday Program 2011- Alberton Lutheran Parish

Personal Details	Parent/ Guardian	Child 1	Child 2	Child 3
Surname				
First Name				
Address & postcode				
Home Phone No.				
Date of Birth	N/A			
Male/ Female	N/A			
School Attended	N/A			
Year Level	N/A			
Church Attended				
Email address				
Are there any custody/guardian arrangements we need to know about? If yes, please attach written details or discuss with the director.				
Medical Details				
Allergies (e.g. Bee stings, penicillin)				
Dietary Requirements (e.g. lactose intolerant, allergy to nuts)				
Year of last tetanus injection				
Other relevant medical information (e.g. asthma, migraines, ADD, ADHD)				
Have these conditions resulted in hospitalization in the past?				
Are there any self administered medications that may be taken? (e.g. ventolin) If yes, please attach instructions on medication's administration.				
Medicare Number				
Emergency Contact Details: (name of a contact person in the event of any emergency and the parent is unable to be contacted)	Contact 1		Contact 2	
Name of contact person				
Relationship to child				
Home phone number				
Mobile number				

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### Transport

It is the responsibility of parents/ guardians to deliver and pick up their child/ren from the church where LHP is being conducted.

### Photographs

From time to time we take photographs and audio/ visual recordings of children involved in the activities of the church. These are included in each child's craft and may be shown at church services or events when promoting the activities of the church.

I give permission for photographs and audio/ visual recordings of my child/ren to be taken and used for the purposes described.	Yes/No
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If you require further information, please discuss with the director.

### Additional Information

Please detail any further information that you feel we need to know about your child/ren

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I understand that if circumstances change and this information is no longer up to date, it is the parent/guardian's responsibility to inform the director of LHP of these changes. I understand that every effort will be made to provide a safe environment for my child/ren to participate in. However, in signing this form I authorize the director or her agent, in the event of an emergency, to obtain at my expense, any medical or similar services considered necessary.

### How I can help.....

1. Provide cakes or biscuits (please NO NUTS)	MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY (Please circle)
2. Provide fruit (if so what type).....	MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY (Please circle)
3. Help in kitchen during the program	MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY (Please circle)
3. Help clean up kitchen/hall at end of each day	MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY (Please circle)
4. Help in craft areas	MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY (Please circle)
5. Be a helper	MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY (Please circle)
6. Help organize BBQ at concert	YES NO (Please circle)

I am willing for my child to be contacted by the Parish about other activities conducted by the church (e.g. A-Team, Sunday School, Youth)	Yes/No
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### Signature of parent/guardian

Name		Signature		Date	
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