



ALBERT PARK BAPTIST CHURCH  
 PLAYGROUP ENROLMENT  
 Term 1 2019

Parents: .....

Address: .....  
 .....

Phone: ..... (M)..... (H)

Email: .....

1<sup>st</sup> Child's Name: .....

Date of Birth: ..... / ..... / .....

2nd Child's Name: .....

Date of Birth: ..... / ..... / .....

3rd Child's Name: .....

Date of Birth: ..... / ..... / .....

**Emergency Contact**

Name ..... Phone .....

Relationship to Child(ren) .....

I give permission for the emergency contact above to collect my children in the event of an emergency.

Please let us know of any **ALLERGIES, ASTHMA** or other **HEALTH ISSUES** as well as action to be taken:  
 (If your child has an **allergy** or **asthma**, please provide us with an **Allergy or Asthma Action Plan** together with a **photo of your child**).

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 .....  
 .....

I authorise the person in charge, when it is impracticable to communicate with me, to consent to my child receiving such first aid, medical or surgical treatment as the leader may deem necessary. I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgment it is necessary. I accept responsibility for payment of all expenses associated with such first aid, medical, ambulance or surgical treatment. I agree to indemnify and hold harmless Albert Park Baptist Church, any individual staff or voluntary leaders and the Baptist Union of Victoria against all claims, demands, suits and liability of whatever nature and howsoever arising out of the injury to the child, and relevant activity being undertaken.

**SIGNATURE OF PARENT/GUARDIAN:** .....

