



Family Registration Form 20__

Welcome to Phillip Island Baptist Church (PIBC). In order for us to provide the highest level of safety and care we require that you complete and return this registration form. All information provided on this form will be treated as confidential and accessible only by the leaders of each relevant ministry your child/ren will participate in.

| Parent/Caregiver Name | Address | Phone Number |
|-----------------------|---------|--------------|
| (primary) | | |
| (Secondary) | | |

| Parent/Caregiver Email |
|------------------------|
| (primary) |
| (Secondary) |

| Child's Name | DOB | Ministries Attending | M/F | Year Level |
|--------------|-----|----------------------|-----|------------|
| | | | | |
| | | | | |
| | | | | |

| Emergency Contact Details | | |
|---------------------------|----------|----------|
| | Person 1 | Person 2 |
| Name | | |
| Phone Number | | |
| Relationship | | |

| |
|---|
| Are you or any of your children, Of Aboriginal or Torres Strait Islander, born outside Australia, or Identify as LGBTQ? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|

In the interest of child safety, we will only allow adults listed on this form to drop off and pick up your children from PIBC programs. Should you require additional adults to sign in and collect your children, please use the space at the end of this form to record their details.

| Other Adults with permission to sing in and collect Child from PIBC | | |
|---|----------|----------|
| | Person 1 | Person 2 |
| Name | | |
| Phone Number | | |
| Relationship | | |

Allergies and Medical Information:

Please inform us below of any medical conditions your child/ren may have. This also includes any dietary needs, behavioural issues or psychological conditions that may require special attention during activities run by PIBC. Please attach further information if more room is required.



| Allergies/Medical Information | | | |
|-------------------------------|-----------|----------------------|---------------------|
| Child's Name | Allergies | Dietary Restrictions | Medical Information |
| | | | |
| | | | |
| | | | |

Custody Agreements/Issues:

If there are any custody arrangements that PIBC should be aware of, please attach information with this registration form.

Injuries and Accidents:

In the unlikely event of accident or injury, please record any applicable information below.

Do you allow paracetamol to be administered to your child/ren if required? (please circle) **YES / NO**

Ambulance membership number: _____

Medicare number: _____ Number of people on card: _____

Expiry Date: _____

Private Health Insurance Provider: _____ Member number: _____

Media and Advertising

Do you permit photos and videos of your child/ren to be taken for the purposes of (please circle):

Internal promotions such as wall posters, highlight videos and slideshow presentations? YES / NO

External promotions such as newsletters, church website, social media and flyers? YES / NO

PIBC will not tag children or their family members in any posts uploaded to social media.

Privacy Policy

In accordance with the Privacy Policy of The Baptist Union of Victoria and Phillip Island Baptist Church any information contained in this directory will be used only for the ministry of this church and activities related to this church. The information will not be released to any organisation outside of this church without prior consent.

Use of Details

PIBC will send relevant information and advertising via email and/or text message related to the ministries and programs that your children are a part of to the primary contact person on this form ONLY.

Exemption of Liability

I authorise the leader/s in charge of the previously specified children's and youth ministries/programs where it is impractical to communicate with me, to arrange for my child to receive such medical or surgical treatment as the leader/s may deem necessary at any time whilst under the care of Phillip Island Baptist Church.

I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

I appreciate that every care will be taken by the leaders and those connected to the Baptist Union of Victoria or Phillip Island Baptist Church cannot be held responsible for personal injury, loss or theft of property affecting my child/ren.

Print Full Name: _____

Signature of Parent/Guardian: _____ **Date:** _____