



St Paul's Youth Group Enrolment Form

This information will be kept confidential and will only be used to assist the Youth leaders to ensure your child's well being. If you have any questions about how this information is used or kept, please feel free to contact Edward Happer edd_happer@hotmail.com

Child's Name: _____

Date of Birth: ___ / ___ / _____ Year at School: _____

School: _____

Parent or Guardian 1:	Parent or Guardian 2:
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Mobile #: _____	Mobile #: _____
Home #: _____	Home #: _____
Email: _____	Email: _____

Other information required:

Please circle Y/N & provide further detail if needed for the following questions

I give permission for photo/video of my child to be used when advertising for this group (e.g. Website, videos in church meetings, etc): **Yes / No**

Is your child on a special diet we should know about for any food-related crafts or games? **Yes / No**

Does your child have any special needs you'd like us to know about (physical, mental, learning, emotional)? **Yes / No**

Does your child have any significant behavioural problems you'd like us to be aware of? **Yes / No**

Is anyone legally restricted from seeing this child? **Yes / No**
If so, who? _____



Please detail any operations or serious illnesses below:

Please describe in full any allergies (food, drug, environmental) your child has, and medication, if required:

If your child is restricted from any activity, please note the restriction and specify the condition involved here:

My signature below indicates my willingness to permit my child to participate fully in the activities associated with St Paul's Youth Group. Most of these activities will take place on the property of St Paul's Wahroonga.

Signature: _____

Date: ___ / ___ / ____