

EBC Kids ENROLLMENT FORM

CHILD

First Name: _____

Surname: _____

Date of Birth: _____

Sex: ☐ Male ☐ Female

Year Level at School: _____

Any Special Health Needs/Food Allergies Etc., or Medical Action that may be required.

Any Medication required during session? A parent or guardian must administer any medication.

Special Emotional/Behavioural Needs?

Parent/Guardian

Name: _____ Phone _____

Address: _____

Email: _____

Emergency Contact Name and Number, in the event that a parent or guardian is not contactable (Please specify if there are any custody issues or concerns)

Name: _____ Phone _____

Address: _____

Periodically, for possible display in Enfield Baptist Church Newsletter or publications, photographs or footage may be taken. Your child's name will NOT be published or linked with photographs unless permission has been given. Photos may be on display in Kids spaces which are EBC shared spaces during the week.

☐ I give permission ☐ I do not give permission

for my child to be photographed or filmed for promotion of EBC Kids.

Signed _____ Date _____