

Agape Fellowship 5 - Day Club
1st August – 5th August 2016
Registration Form

Please complete the following form for each child attending the 5-day club (Ages 4 - 11).

The 5 day club includes crafts, bible story time, snacks and games.

CHILD'S NAME: _____

GENDER: _____ **AGE:** _____

DATE OF BIRTH: ____/____/____

PARENT'S/LEGAL GUARDIAN'S NAME(S): _____

RELATIONSHIP TO CHILD: _____

ADDRESS: _____

_____ **POSTCODE:** _____

HOME NO.: _____

WORK NO.: _____

MOBILE NO.: _____

EMERGENCY CONTACT (other than parent/guardian):

NAME: _____

RELATIONSHIP: _____

CONTACT NO.: _____

G.P.

NAME: _____

SURGERY: _____

CONTACT NO.: _____

HEALTH INFORMATION:

Food or other allergies:

Medications: _____

Special needs/dietary restrictions:

How did you hear about us?

☐ I give permission for my child to be photographed for use in church media,
displays and printed materials.

☐ Please do not photograph my child.

Parent/Guardian Signature: _____

Date: _____

My child has permission to attend 5 Day Club at Agape Fellowship, Aug 1st – Aug 5th
2016, 9:30AM-12:00PM.

I agree in case of injury or illness or other actions requiring parental permission, the
Church staff or representative shall have the authority to act for me in case I cannot
be reached.

My signature below indicates the previously named child has permission to engage in
all church activities (unless noted otherwise) on church grounds.

Printed Name: _____

Signature: _____

Date: _____