



<i>Office use</i>
Session AM / PM
Date Registered
\$
Date Data Entered

Registration Form 2010

To help us look after your family, please complete the details below.

Child's Information

Child 1 _____ print full name _____ D.O.B. dd/mm/yy M / F

Child 2 _____ print full name _____ D.O.B. dd/mm/yy M / F

Address _____ address address address address
_____ address address address address

Mothers Name _____

Fathers Name _____

H Phone _____ Mobile _____

Email _____

Your name and contact number if you are care giver other than parent

Name _____ Phone _____

Allergies/Medical Conditions

Child 1 _____

Child 2 _____

Name of other care giver/s who may bring above child/ren to Toddler Jam

Grandparent/Friend/Other _____

✓ Tick the box of which session you wish to attend

Morning Toddler Jam Session 9.30-11am

Afternoon Toddler Jam Session 1-2.30pm

Please turn over to sign

Optional Information

How did you hear about Toddler Jam?

- Community Nurse
- Magazine (please name) _____
- Friend
- Other _____
- Toddler Jam website

Permissions

PLEASE INITIAL EACH ITEM

- I give permission for my child to participate in the Toddler Jam Program. _____
- I give permission for my child to be photographed and/or videotaped, and for these pictures and/or film to be released for use by Parkerville Baptist Church. _____
- I give permission for Toddler Jam to send me information of future events and associated programs connected with Toddler Jam. _____
- I understand that the Toddler Jam program contains Christian themes and the thanking of God for our food through saying Grace _____

PLEASE READ CAREFULLY AND SIGN THE FOLLOWING

I agree my participation or that of my child or children in this program is at my own risk and I release and discharge Parkerville Baptist Church and its representatives from any and all claims, losses, injuries or damage to property suffered by me or my child or children what so ever or how so ever caused while participating in, attending or travelling to or from the program or by participating in the program or while using any facilities or equipment as part of the program.

.....
Parent/Guardian's Signature

.....
Date