

**Lord of the “EVERYTHING”
Return of the KING.
8th Oct – 11th Oct 2019**
A MINISTRY OF NELSON CATHEDRAL

Kids Holiday Programme



REGISTRATION FORM

This is a fantastic school holiday program for kids aged 5 - 12 years of age running from Tuesday 8th of October through till the 11th October from 9.30am -12midday each day.

Each day is filled with Games, Singing star, Puppets, Prizes, Bible Stories, Fun and Laughter and lots more.

There are limited spaces so fill in this form and return it to the Church office Nelson Cathedral Nelson. Phone 548 1008 Cathedral Office 9am – 12 Midday Mon - Fri for further details

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Child's Name: _____

Age _____ Date Of Birth _____ MALE / FEMALE

Any special needs / Medication / Health or Behaviour issues
(PLEASE SUPPLY INFORMATION AND MEDICATION IF NEEDED)

Child's Name: _____

Age _____ Date Of Birth _____ MALE / FEMALE

Any special needs / Medication / Health or Behaviour issues
(PLEASE SUPPLY INFORMATION AND MEDICATION IF NEEDED)

Child's Name: _____

Age _____ Date Of Birth _____ MALE / FEMALE

Any special needs / Medication / Health or Behaviour issues
(PLEASE SUPPLY INFORMATION AND MEDICATION IF NEEDED)

PARENT / CAREGIVER CONTACT DETAILS

Name/s: _____

Home address: _____

Home Ph: _____ Work Ph: _____

Cell Ph: _____ Other: _____

CUSTODY CONDITIONS: (If relevant)

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EMERGENCY CONTACT INFORMATION:

Who should we call in an emergency, if we cannot contact you?

Name: _____	
Relationship to child: _____	
Home Ph: _____	Work Ph: _____

Name: _____	
Relationship to child: _____	
Home Ph: _____	Work Ph: _____

Authorised to collect:

(Name and telephone of other people who are authorised to collect your child)

Name: _____ Phone: _____

Name: _____ Phone: _____

TO BE FILLED IN WHEN HANDING IN REGISTRATION			
DAYS ATTENDING: Please write unpaid or the amount paid in the appropriate place.			
	PAID ()	UNPAID ()	
Tuesday			
Wednesday			
Thursday			
Friday			

NOTE:

- I give permission for my child/ren to be photographed for promotional purposes **YES / NO**

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- I give permission for sunscreen to be applied to my child/ren when required **YES / NO**

Nelson Cathedral SICKNESS POLICY

We want to provide a healthy and safe environment for every child that attends our services and programs so please if your child has been or had in the last 24 hours

- **VOMITING**
- **DIARRHOEA**
- **EXCESSIVE COUGHING**
- **FEVER**
- **HEAD LICE / NITS** (until treated)
- **CONJUNCTIVITIS**

Please keep your child at home.

\By signing this form you are agreeing that:

1. All information provided is correct.
2. You have read and understood the sickness policy.
3. I hereby authorize Nelson Cathedral staff to seek emergency medical treatment whenever it is deemed necessary and I am unable to be contacted.
4. I will contact the Church offices to inform the program that my child will be absent if unable to attend booked day.
5. I acknowledge that in signing this form that neither the staff nor management of the Nelson Cathedral are liable for any loss or damage (by way of accident, injury, theft or otherwise) arising out of attendance at the holiday program.
6. I will organise transport to and from the Nelson Cathedral at the correct times. (9.30am – 12 midday)

Signature: _____ Date ___ / ___ /2019

Privacy Act 1993:

The information you have supplied is necessary for the safe and effective operation of the Ice Age Investigators programmes. All personal information requested will be destroyed at the completion of your child's time in the programme. You are welcome to review information pertaining to your child's enrolment at any time.