

Baptist Union of Victoria

Church Creche/Sunday School/Playgroup Form

Name of Church:

Date:/...../.....

Child's name:

Date of birth:/...../.....

School year level: (as at the above date)

Address:

.....

Telephone: (A/H)

..... (B/H)

..... (Mobile)

Email:

Parent's names:

.....

Please list below the person(s) responsible for bringing and collecting this child.

Name	Relationship to child
------	-----------------------

.....

.....

.....

Please list anything we should know about this child (eg. Any allergies, excessive fears, custody arrangements).

.....

.....

I authorize the person in charge, when it is impracticable to communicate with me, to consent to the child receiving such medical or surgical treatment as may be deemed necessary.

Signed: _____