



HOLIDAY PROGRAMME ENROLEMENT & CONSENT FORM

FIRST CHILD

FIRST NAME:

SURNAME:

AGE:

DATE OF BIRTH:

SCHOOL:

ANY SPECIAL CONSIDERATIONS REQUIRED? (i.e medication)

YES

NO

Please specify:

SECOND CHILD

FIRST NAME:

SURNAME:

AGE:

DATE OF BIRTH:

SCHOOL:

ANY SPECIAL CONSIDERATIONS REQUIRED? (i.e medication)

YES

NO

Please specify:

THIRD CHILD

FIRST NAME:

SURNAME:

AGE:

DATE OF BIRTH:

SCHOOL:

ANY SPECIAL CONSIDERATIONS REQUIRED? (i.e medication)

YES

NO

Please specify:

HOUSE HOLD DETAILS– PARENTS/CAREGIVERS NAME:

ADDRESS:

SUBURB:

CITY:

HOME PHONE:

WORK PHONE:

MOBILE PHONE:

EMAIL:

HOW DID YOU FIND OUT ABOUT US?

NEWSPAPER

SAW FROM STREET

WORD OF MOUTH

ATTENDED BEFORE

INTERNET

LIVE IN AREA

PROMOTION IN SCHOOL

OTHER

Please deliver to Kingston Community Church. Corner of Kingston and London Terrace

Contact: Joel Birkin: 027 344 5592 joel.birkin@gmail.com