

EV KIDS ENROLLMENT FORM

SERVICE (please circle): Sat EV SunEV 8:30 SunEV 10:30 Pen EV

DETAILS OF CHILDREN:

Name: _____ Age: ____ DOB: __/__/__ Male Female

Current School Year: _____ School: _____ EV Kids Class: _____

Name: _____ Age: ____ DOB: __/__/__ Male Female

Current School Year: _____ School: _____ EV Kids Class: _____

Name: _____ Age: ____ DOB: __/__/__ Male Female

Current School Year: _____ School: _____ EV Kids Class: _____

Address: _____

Suburb: _____ Postcode: _____ Ph (home): _____

Parent/guardian name/s: _____

Mum's e-mail: _____ Ph(work): _____ Mobile phone: _____

Dad's e-mail: _____ Ph(work): _____ Mobile phone: _____

CHILD'S HEALTH INFORMATION:

Describe in full any allergies (food, environment)

Is there anything that would be helpful for us to know in caring for your children (disability, behavioural problems, etc.)

Is there anyone who is legally restricted from seeing these children? Yes No Who: _____

I do not give permission for my children's image to be taken and used for photographic displays or video presentations.:

I am happy for my children's EV Kids leader to send my child mail (i.e. birthday cards, get well soon, special invitations etc;). All mail will be addressed care of parents. Yes No

PARENTS OR GUARDIANS SIGNATURE:

Sign: _____ Date: __/__/__