



REGISTRATION FORM 2009



International Baptist Church

Personal Details

Surname <input style="width: 95%;" type="text"/>	Child Name <input style="width: 95%;" type="text"/>	Guardian <input style="width: 95%;" type="text"/>
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Residential Address

Gender <input style="width: 95%;" type="text"/>	Date of birth <input style="width: 95%;" type="text"/>	School Grade/Year <input style="width: 95%;" type="text"/>
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Telephone Number/s <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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Medical Information:

Allergic Reactions (e.g. foods, bandaid, etc) <input style="width: 95%; height: 40px;" type="text"/>	Other Medical/Dietary needs <input style="width: 95%; height: 40px;" type="text"/>
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Emergency Contact 1	Emergency Contact 2
Name : <input style="width: 95%;" type="text"/>	Name : <input style="width: 95%;" type="text"/>
Phone : <input style="width: 95%;" type="text"/>	Phone : <input style="width: 95%;" type="text"/>

Regular Physician	
Name : <input style="width: 95%;" type="text"/>	Phone : <input style="width: 95%;" type="text"/>
Medicare Card N ^o <input style="width: 95%;" type="text"/>	Health Care Card N ^o <input style="width: 95%;" type="text"/>

General:

Would you like to be on our mailing list? (Please Circle)	Yes / No
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Do you authorise us to use your childs photograph in publications related to " <i>The Little Big Day Out</i> " program? (Please Circle)	Yes / No
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How did you hear of "*The Little Big Day Out* "? (e.g. friend, flyer, mailout, etc.)

Signature : <input style="width: 95%;" type="text"/>	Date : <input style="width: 95%;" type="text"/>
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Paul's Ministry in Rome

