



Erina Community Baptist Church (ECBC) is proud to offer you a great kids program for the first week of the school holidays. Fergus the monster puppet will be our special guest each day as we venture into the mad scientist world! There will be games, crafts, morning tea, and crazy science experiments.

Where: Erina Community Baptist Church
Corner The Entrance Road and Carlton Road, Erina

When: Monday 27th September to Friday 1st October, 2010

Time: 8.30am to 12.30pm

Ages: Kindergarten to Year 6

Cost: \$7 per day or \$30 for the week

Contact: Church office on 4365 6575 or office@erinabap.org.au

Please note: If your child/ren are unable to attend this event due to financial difficulty, please contact the above number for possible assistance.

Rego Form:

Please complete this form and the medical information on the back and return it to ECBC during office hours 9.30am to 2.30pm Monday to Thursday.

Erina Community Baptist Church respects the privacy of all individuals and information provided to us. The purpose of collecting this information is to enable us to contact you in the event of an emergency and so that we can better care for your child/ren. We will not disclose our personal information to any person or organisation outside Erina Community Baptist Church.

Child's Name: Age: School Yr:

Child's Name: Age: School Yr:

Child's Name: Age: School Yr:

Child's Name: Age: School Yr:

Address:

Phone: Mobile:

School:

My child/ren will be attending Blast 4 Kids on the following day/s: (please tick)

Mon Tues Wed Thur Fri

Emergency Contact Details:

Name:

Address:

Phone: Mob:

Relationship to child/ren:

Medical Information:

I wish to declare that my child/ren suffers from the under mentioned medical condition/s or disability/ies and therefore must receive special attention:

- 1) in the event of an accident:
- 2) under normal circumstances

Full details must be disclosed:

Medication (dosage and frequency)

Special dietary needs (morning tea will be provided each day)

In the unlikely event that your child/ren need medical treatment please supply their medicare number:

Consent

I have answered the medical questions on this form and have provided all necessary information to enable the organisers of Blast 4 Kids to exercise their duty of care.

Signed by parent/guardian:

Print Name:

I consent to photographs being taken of my child/ren for promotional purposes only.

Signed by parent/guardian:

People authorised to pick up my child/ren:



The program includes games, stories, craft, and more games, morning tea and of course a Blast!