

ENROLMENT FORM

Parent/ Guardian Name: _____

Relationship to child: _____

Address: _____

Contact number: _____

Email: _____

(please note email is our preferred method of contact)

Emergency Contact: (other than the above)

Name: _____

Relationship to child: _____

Contact number: _____ Email: _____



Child 1- Information:

Surname: _____ Given name: _____

Gender: _____ DOB: _____

Medical Conditions:

Does your child suffer from any of the following:

Asthma Anaphylaxis Diabetes Epilepsy Heart Condition
 Fainting Allergies Other: _____

Does your child have an existing injury? If so, please provide details: _____

Child 2 - Information:

Surname: _____ Given name: _____

Gender: _____ DOB: _____

Medical Conditions:

Does your child suffer from any of the following:

Asthma Anaphylaxis Diabetes Epilepsy Heart Condition
 Fainting Allergies Other: _____

Does your child have an existing injury? If so, please provide details: _____

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Child 3 - Information:

Surname: _____ Given name: _____

Gender: _____ DOB: _____

Medical Conditions:

Does your child suffer from any of the following:

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Anaphylaxis	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Heart Condition
<input type="checkbox"/>	Fainting	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Other:	_____			

Does your child have an existing injury? If so, please provide details: _____

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Photography/ Promotion: I give permission for myself/ my children to be photographed while _____ participating in our Kindergym program. I consent to these photographs being published in newsletters, newspaper articles, promotional materials, social media and websites.

YES / NO

Horizon Information: I would like to receive information about enrolling at Horizon Christian School.

YES / NO

Parent Guardian Consent: I agree that by attending Kindergym, I will not hold our facility, its staff or volunteers responsible for any loss of property and/ or accident. I also give permission for medical/ ambulance assistance in case of emergency and agree to pay such costs incurred. I understand that course fees are non-refundable. I acknowledge that I am to supervise my child/ren during each session.

Parent/ Guardian Signature: _____ Date: _____

TOY LIBRARY MEMBERSHIP FORM

Family Name: _____

TERMS & CONDITIONS:

1. I hereby agree that all toys borrowed by myself shall receive reasonable care whilst in my possession and shall be returned at the end of the borrowing period in a clean and dry condition.
2. I hereby agree that borrowed toys remain, at all times, the property of the Balaklava Toy Library and that I am liable for the payment of costs, up to the replacement value of the toy, for toys that are damaged, lost, stolen or unreturned whilst borrowed by me.
3. I hereby agree to advise the Balaklava Toy Library staff, as soon as possible, of any changes in membership details eg. change of address, email, phone numbers etc.
4. I consent for the information supplied on this form to be stored on the Toy Library database and to be used for Toy Library purposes only.
5. I understand that it is my responsibility to select toys suitable for my children's skills and development and to supervise the use of the toys where appropriate.
6. As a member of the Toy Library, I acknowledge that there may be dangers and inherent risk when allowing my child/children to use toys borrowed from the Toy Library, even when under my supervision. Therefore, I acknowledge that I am required to provide my child with necessary protective clothing and equipment, and supervision where appropriate. I agree to assume responsibility for supervising the use of the Toys, and any injury, death or property damage that I, or my child/children may suffer or cause as a result of using the Toys. To the maximum extent permitted by law, I agree (in your personal capacity and as guardian of your child/children) to release, hold harmless and indemnify the School and its respective officers, employees, servants, agents and contractors ("Indemnified Persons") against all actions, complaints, claims, suits, costs, expenses, demands and damages suffered or incurred by the Indemnified Persons by reason of, or in respect of, or in any manner whatsoever arising out of, or caused me, the use of the Service or my child's (or children's) use of the Toy.

I agree to the above Terms & Conditions and would like to become a Member of the Balaklava Toy Library.

Parent/ Guardian Signature: _____ **Date:** _____

