**Children’s Class****/Junior Youth Group Enrolment Form**

*Classes for the spiritual education of children/youth groups, that are open to all, are conducted in neighbourhoods, at the local level, and in some State schools across Australia. The classes/groups draw on the world-wide Baha’i Ruhi Institute curriculum/materials inspired by the Baha’i teachings. In collaboration with you, we wish to create a safe and positive environment for your child in the class/group and therefore require the following information.*

*Name of Responsible Teacher/Animator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Participant’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (M/F) **DOB**/**Age:\_\_\_\_\_\_\_\_\_\_\_\_**

Preferred Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Contact Details:**

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| --- | --- |
| **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_** | **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Diet, Allergies & Medical information:**

For the safety of your child, please provide the following information: Does your child have any dietary requirements (e.g., vegetarian, vegan, gluten free, dairy free), allergies, medical conditions, special needs, or any other considerations the teachers should be aware of?

Dietary Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please read and sign the parent agreement:**

In case of emergency, where we are unable to reach you or it is impracticable to communicate with you, I give permission for the teacher/animator to seek medical treatment for my child and agree to take responsibility for any expenses incurred. Parents will be contacted as soon as possible.

I give permission for my child’s photograph/video recording to be taken and to be published in newsletter and promotional materials, including online and social media posts, connected with the program.

I consent to the personal information provided on this form being collected, used, and disclosed only for purposes related to the administration of this class/group and the administration of the Baha’i Spiritual Education Program/Junior Youth Empowerment Program. Such information will be used in accordance with Australian Privacy Principles and the Australian Baha’i Community’s Privacy Policy.

**Signature (Parent/Guardian): …………………………………………………….. Date: ……….………….....**

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Optional agreements the teacher/animator may wish to add to the parent agreement section of the enrolment form depending on the nature of the class and the risk assessment undertaken:

* I understand that there are rules/expectations of behaviour established to ensure the safety and wellbeing of all children participating in the class/program and that my child is expected to follow these rules/expectations of behaviour. I understand that I will be contacted if my child’s actions in the class/program puts their safety or the safety of others at risk.
* I understand that the teacher/animator will endeavour to take reasonable care to ensure the safety of my child during the period of the class/program. Parents are responsible for their child at all other times.
* I understand that teachers/animators will communicate with parents regarding class/program activities. However, it is my responsibility to familiarise myself with the class activities/program and advise the teacher if I do not wish my child to participate in a particular activity.
* I give permission for my child’s photograph/video recording to be taken and to be published in newsletter and promotional materials, including online and social media post, connected with the program.
* I consent to my child, who is over the age of 10 years, arriving and leaving by his/her own means, i.e. by foot or bicycle and signing in and out of the Classes, and do not require my child to be dropped off or picked up by parents/carer. *(Strike out this sentence if you do not agree)*
* I give permission for my child to be transported in private cars or hired transport arranged by the organisers for travel to and from the classes. *(Strike out this sentence if you do not agree)*
* I understand that I have to pick my child up at the end of class and that I have to inform the teacher in advance if my child will be travelling home with others – please notify teacher/s and/or complete the release form if a person other than you and those listed on this form will be arranging return transport.
* I agree that the teacher(s) takes no responsibility for loss of my child’s property during the class.
* I would like to receive communications about the program by Text [ ]  Email [ ] .