**Baha’i Children’s Class/ Junior Youth Group**

**Child Safety & Enrolment Form**

*In collaboration with you, we wish to create a safe and positive environment for your child/junior youth and therefore require the following information. You are welcome to contact me (Name of organiser and contact details- phone or email) with any questions you may have about the program.*

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

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

**Parent/Guardian Contact Details:**

|  |  |
| --- | --- |
| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

I would like to receive communications about the program by Text  Email .

**Medical information:**

Are there any medical issues about your child we need to know such as special dietary requirements or allergies?

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

**In case of emergency, where it is impracticable to communicate with me/us, 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 consent to the personal information provided on this form being collected, used, and disclosed only for purposes related to the administration of this program. Such information will be used in accordance with Australian Privacy Principles.

**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 as required:

* 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 will communicate with parents regarding class activities. However it is my responsibility to familiarise myself with the 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 photos/video recording to be taken while in class for newsletters/promotional materials and presentations pertaining to the program. *(Strike out this sentence if you do not agree)*
* 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)*