



Part A - KZONE REGISTRATION FORM

Please print all details clearly – complete a separate form for each child

Child's Full Name:

Address:

Suburb: Postcode:

School: Grade:

Date of Birth: / / Age: Gender: Boy Girl

Parents/Carers Name/s:

Home Phone: Mobile:

Email:

Other Emergency Contact Number:

I give my permission for my child's photos to be used for church pamphlets and PowerPoint presentations. Yes No

Please complete Part B – see over on page 2 – Confidential Health Information - allergies/ special needs/ medical conditions.

Note: Information on this form will only be stored on our secure database

OFFICE USE ONLY

Entered on data base: Date: / / 20

Follow up letter sent: Date: / / 20



Part B - KZONE CONFIDENTIAL HEALTH FORM

Full Name of Child:

Medicare No: Child's Number on Card:

Private Health Insurance: Number:

Family Doctor: Phone:

Please tick the box if your child suffers from any of the following?

- Asthma
- ADD / ADHD
- Diabetes
- Epilepsy/seizures
- Heart problems
- Headaches/nose bleeds

Does your child have **allergies**: food/drugs? Yes No

Details:

Special dietary needs:

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Any **other** medical condition/s we should know about?

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Parent/Carer Signature: Date: / / 20