



CHILD REGISTRATION FORM

CHILD/RENS FAMILY NAME (SURNAME): _____

Parent/Guardian: _____

First Child: _____ DOB _____ M/F

Second Child: _____ DOB _____ M/F

Third Child: _____ DOB _____ M/F

Address: _____

Suburb: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Emergency Contact Person: _____ Phone: _____

Is there any medical conditions eg asthma, allergies or special needs that our staff should be aware of

I agree that the above named child may take part in the activities within Crèche. I understand that while involved, he/she will be under the supervision and care of the group leader, and/or other adults approved by Powerfit Pilates, and that, while staff in charge of the group will take care of the children, they cannot be held responsible for any loss, damage or injury suffered by my child during, or as a result of, the activity.

If my child is unsettled I agree I will be on the premises at all times and if an event of an emergency I am to be called upon straight away.

Name _____

Signed _____

Date _____



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