

# KIDLINGS FAMILY INFO CARD

gateway  
KIDS

Please tick one of the following:  Trial  Enrol  Visiting **Todays Date** \_\_\_ / \_\_\_ /20\_\_\_

1

## FAMILY DETAILS

*Want to read Gateway's privacy policy?  
See [gatewaybaptist.com.au/privacy](http://gatewaybaptist.com.au/privacy)*

Service  8am  10am  Mainly Music  Other \_\_\_\_\_

Parents / Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_ Home Ph \_\_\_\_\_

Mobile Ph \_\_\_\_\_

City \_\_\_\_\_ Post Code \_\_\_\_\_ Email \_\_\_\_\_

2

## CHILD DETAILS

Child's Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Gender  Male  Female Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Toilet Trained  Yes  No

Health Concerns / Allergies \_\_\_\_\_

Additional Needs \_\_\_\_\_

## CHILD DETAILS

Child's Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Gender  Male  Female Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Toilet Trained  Yes  No

Health Concerns / Allergies \_\_\_\_\_

Additional Needs \_\_\_\_\_

**GOT MORE CHILDREN? WE'VE GOT MORE SPACE – TURN THE PAGE OVER!**

3

## RELEASE STATEMENT

I grant Gateway Baptist Church and it's representatives the right to take photographs or video footage of any member of my family in the Kidlings / Gateway grounds. I authorise Gateway Baptist Church to copyright use and publish the images for any lawful purpose to highlight and promote Gateway Kids. My Signature below indicates that I have read and understand the statement of release.

\_\_\_\_\_  
Parent/guardian Signature

gateway  
BAPTIST CHURCH

### MACKENZIE

1052 Mt Gravatt-Capalaba Road, Mackenzie Qld 4156  
📞 (07) 3291 5900 🏠 (07) 3849 5496

### ORMEAU

Livingstone College, 62 Reedmans Road, Ormeau Qld 4208  
📞 (07) 3291 5924

[www.gatewaybaptist.com.au](http://www.gatewaybaptist.com.au)

**PLEASE COMPLETE THE OTHER SIDE OF THE FORM FIRST**

**2**

**CHILD DETAILS**

Child's Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Gender  Male  Female      Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Toilet Trained  Yes  No

Health Concerns / Allergies \_\_\_\_\_

Additional Needs \_\_\_\_\_

**CHILD DETAILS**

Child's Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Gender  Male  Female      Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Toilet Trained  Yes  No

Health Concerns / Allergies \_\_\_\_\_

Additional Needs \_\_\_\_\_

**CHILD DETAILS**

Child's Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Gender  Male  Female      Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Toilet Trained  Yes  No

Health Concerns / Allergies \_\_\_\_\_

Additional Needs \_\_\_\_\_

**PLEASE COMPLETE THE OTHER SIDE OF THE FORM FIRST**