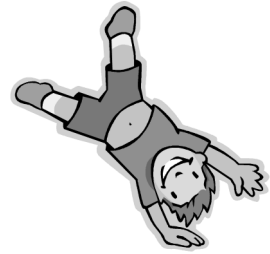
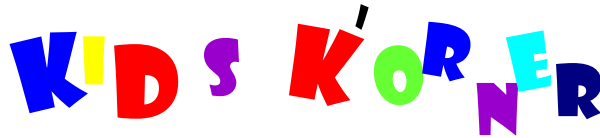




Registration Form



Please ensure that all details are completed and returned to Kid's Korner before your child(ren) is admitted to our babysitting service. One form must be completed for every child. This form will be kept for reference purposes and will need to be updated every 12 months. Any information provided in this form will be dealt with by Integra, Health, Fitness and Wellbeing for Men and Women only in accordance with the Privacy Act 1988.

Childs full name: _____ Address: _____

Post code: _____ D.O.B _____ Sex: F M Language _____

Mothers Full Name: _____ Fathers Full Name: _____

Mothers Address: _____ Fathers Address: _____

Contact Number's: H. _____ W. _____ M. _____ H. _____ W. _____ M. _____

Emergency Contact: Name: _____ Relationship with child: _____

Family Doctor: _____ Contact Number: _____

Doctors Address: _____

Medical Questions

Is your child immunised Y N **A CERTIFICATE OF IMMUNISATION VERIFICATION must be supplied**

Any allergies (please list)

Any pre-existing medical or psychological conditions that we need to be aware of for the comfort and safety of your child.

Y N

If yes please provide details:

Please supply any details of any court orders or custody details for your child.

Terms and Conditions:

- 1. I understand that this facility is a **babysitting service only**.
- 2. It is my responsibility to ensure that my child has all the things they require whilst in Kid's Korner.
- 3. Children **MUST** be booked in. I understand that I may be turned away if I have not booked.
- 4. My child(ren) must be signed in and out every time the attend Kids Korner. I will read and sign the release from liability attached to that form.
- 5. My Child(ren) will not be admitted if they are deemed sick or contagious. This is at the discretion of the career. If your child is too sick to attend school than they may not attend Kid's Korner.
- 6. Parent/guardian must not leave the premises while their child(ren) are attending Kid's Korner.
- 7. Admission of any child is at the discretion of Integra Health, Fitness and Wellbeing for Men and Women.

I _____, as the consenting parent/guardian to _____ and over the age of 18 years of age, hereby acknowledge the terms and conditions of placing the above child in Integra, Health, Fitness and Wellbeing for Men and Women, Kid's Korner.

I have read and fully understand all rules and regulations.

Parent/guardian
Date: _____

Witness (Kid's Korner supervisor)
Date: _____



PERMISSION TO PHOTOGRAPH CHILDREN WHILST IN KIDS KORNER AND PUBLISH ON WEBSITE.
I hereby give permission for Integra Health and Fitness Club to use photographs of my child/ren in advertising and on their website. I understand that these photography will be use by Integra for promotional purposes and feature my children taking part in the general activities of the Kids Korner.

Sign: _____ Date: _____