

Baha'i Children's Class Enrolment Form Whanau (Family) Details

| | |
|---------------------------------|--------------------|
| Family Name/s: | Home Phone: |
| Home Address: | |
| Parent/Guardian 1: | Parent/Guardian 2: |
| Relationship: | Relationship: |
| Mobile: | Mobile: |
| Email/FB: | Email/FB: |
| Emergency Contact Person | Family GP |
| Name: | Name: |
| Relationship: | Clinic Name: |
| Phone 1 | |
| Phone 2: | Phone (optional): |

Tamariki (Children's) Details

| | |
|-----------------|----------------------------------------------|
| Full name: | M / F |
| Preferred name: | Date of birth: / / Age: |
| Health Issues: | Food Issues: |

| | |
|-----------------|----------------------------------------------|
| Full name: | M / F |
| Preferred name: | Date of birth: / / Age: |
| Health Issues: | Food Issues: |

| | |
|-----------------|----------------------------------------------|
| Full name: | M / F |
| Preferred name: | Date of birth: / / Age: |
| Health Issues: | Food Issues: |

| | |
|-----------------|----------------------------------------------|
| Full name: | M / F |
| Preferred name: | Date of birth: / / Age: |
| Health Issues: | Food Issues: |

Transportation to and from Class

1. My/our child/ren are permitted to walk home from class. Yes / No
2. I/We consent for the following people to collect and drop off my/our child/ren for the purposes of attending the class and associated activities:
- a) Ahi Katoa d) _____
- b) _____ e) _____
- c) _____ f) _____
3. I/We acknowledge that while all care will be taken, I/we will not hold the class drivers or organisers responsible should an accident or injury occur.
4. I/We agree to provide an appropriate child car seat or booster seat where these are legally required (if not provided).
5. Other people who are permitted to collect my/our child/ren from class are:
- a) _____ (Relationship to child/ren: _____)
- b) _____ (Relationship to child/ren: _____)
- c) _____ (Relationship to child/ren: _____)
- At least one person in the vehicle will hold current accreditation in the Child Protection Policy, vehicles will meet legal requirements for safety (i.e., current WOF), and drivers will have a full driver's license.

Photography

I/We give permission for photographs or audio-visual recordings of my/our child/ren to be used for the following purposes:

- | | |
|-------------------------------------------------------------------------------|----------|
| 1. To be kept for class archives | Yes / No |
| 2. To be shared with children's class whanau (families) and kaiako (teachers) | Yes / No |
| 3. To be shared with the public (e.g. in newsletters, websites, brochures) | Yes / No |

Emergency Medical Care

I/We give permission for emergency medical care to be sought for my/our child/ren in case of injury or other health emergency.

Parent/Guardian Signature/s: _____

Date: / / / /

Children's Class Parental Agreement

I/we _____ (parents' names),

being the parent(s)/guardian(s) of

_____ (children's names):

1. Consent to my/our child/ren participating in Baha'i Children's Classes.
2. Agree to the rules and policies for the Classes.
3. Agree that the teacher/organisers are responsible for my/our child/ren during the period of Classes only, and I/we are responsible at all other times.
4. Agree to let the teachers/organisers know if my/our child/ren cannot make it to class that week (especially if usually picked up for class), or if they are no longer able to attend the class.
5. Agree to be contactable during Class hours in case of emergency, and authorise the supervisors in charge, where it is impracticable to communicate with me/us, to act on my/our behalf, and in particular to seek medical or other treatment for my / our child/ren as may be deemed necessary. I/we agree to meet all expenses incurred thereto.
6. Understand the risks inherent in activities of the nature my/our child/ren will be involved in and acknowledge that the teachers / organisers will endeavour to take all reasonable care to ensure the safety of our child/ren during the Classes.
7. Agree that the organiser takes no responsibility for any loss of my/our child/ren's property during the Classes.
8. Consent to the personal details provided on this form being collected, used, and disclosed only for the purposes related to the administration of these classes. Such information will be used in accordance with Privacy Act 1993.
9. Understand that I can ask to meet with the teachers/organisers at any time to discuss my/our child/ren or the class.

Parent/Guardian Signatures:

Date:

/ /