

Children's Catechism Classes Enrolment Form

Classes are held from 4.00pm – 5.30pm during School Term in the Ron Lowe Room

CHILD AND FAMILY CONTACT DETAILS

CHILD'S DETAILS	
Last name	
First name	
Date of birth	/ / (day/month/year)
Age	
School	
Is the child from a culturally and linguistically diverse background?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', what language(s) are spoken at home?
Does the child or young person have a disability or additional support needs e.g. medical/food allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please provide information in relation to your child's health and/or additional support needs?
FATHER (or PARENT/CARER 1)	
Last name	
First name	
Address	
Telephone	Home: Work: Mobile:
Email address	
MOTHER (or PARENT/CARER 2)	
Last name	
First name	
Address	
Telephone	Home: Work: Mobile:
Email address	

AUTHORISED AND EMERGENCY CONTACT DETAILS

AUTHORISED/EMERGENCY CONTACT 1	
Last name	
First name	
Address	
Telephone	Home:
	Work:
	Mobile:
Relationship to the child or young person	
Telephone	Home:
Is this person authorised to collect the child?	Yes / No
AUTHORISED/EMERGENCY CONTACT 2	
Last name	
First name	
Address	
Telephone	Home:
	Work:
	Mobile:
Relationship to the child or young person	
Telephone	Home:
Is this person authorised to collect the child?	Yes / No
UNAUTHORISED CONTACT	
<p>Is there a court order in place preventing any person from collecting your child?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If 'Yes', please list the name(s) of person(s) who are not permitted to collect your child:</p> <p>Please attach a copy of the court order for our records.</p>	

MEDICAL DETAILS

MEDICAL PRACTITIONER	
Last name	
First name	
Clinic	
Address	
Telephone	Contact:
	Mobile:
Email address	
Medicare details	Medicare number: Individual's reference number:
Health insurance details	Provider: Member number:
Ambulance membership details	Member number:
MEDICATION AND SUPPORT REQUIREMENTS: Please provide any medical and/or additional support information to support your child's safe participation in this program/activity/event.	
<input type="checkbox"/> <i>(Please tick if applicable)</i> I have attached a documented plan to support any medical and/or additional support needs of my child. For example: asthma management plan, diabetes, food allergy and intolerances, anaphylaxis management plan, disability support For all medication requirements (short-term and ongoing) please complete the Medical Authority Form. <input type="checkbox"/> <i>(Please tick if applicable)</i> I have completed and attached a Medication Authority Form.	
PROVISION OF MEDICAL TREATMENT	
<input type="checkbox"/> <i>(Please tick to indicate consent)</i> In the event that you are unable to communicate with me (or my nominated emergency contacts), I consent to my child receiving such medical or surgical treatment as may be deemed necessary and I agree that any such treatment will be at my expense.	

PERMISSIONS

ATTENDANCE PERMISSION

I [parent/carer's name] consent to my child [child's name] attending the Corio Lara Children's Catechesis Classes 2025. I understand that my child will be required to follow the directions, rules and codes of conduct set forth by the catechists and parish staff.

I also consent to communicating with catechists or parish staff via Whatsapp (*please tick*):

☐ Yes ☐ No

Signature of parent/carer:

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Date:

.....

ARRIVE/LEAVE UNATTENDED PERMISSION (Optional)

I [parent/carer's name] give permission for my child [child's name] to arrive/leave the Children's Catechesis Classes unattended.

I understand and accept the responsibility for ensuring my child follows my instructions to leave the program and will ensure they have the necessary information and means to stay safe while unattended.

Signature of parent/carer:

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Date:

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MEDIA PERMISSION (Optional)

I [parent/carer's name] consent to photographs or video images of my child being taken and used without acknowledgement, remuneration or compensation in Corio Lara Catholic Parish's publications and online platforms (e.g. website, social media).

Corio Lara Catholic Parish will ensure that images and video are: (i) taken for a purpose consistent with the spirit of the program, activity or event, (ii) taken/recorded in the presence of others (i.e. with supervision, not alone or in secret), (iii) posed appropriately and that children/young people are not dressed in clothing that is suggestive, sexual, offensive or racist, (iv) not offensive (e.g. sexual, racist, violent, threatening), (v) not used if there is a potential for the child or young person to be stigmatised through public association, (vi) published with limited identifying information to prevent the child from being located, (vii) stored securely digitally to ensure that images and video are not distributed without approval.

If at any point you wish to withdraw your consent, please contact the Parish Office.

Signature of parent/carer:

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Date:

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