



GLOW REGISTRATION FORM

Information will be kept secure and confidential and only be disclosed with consent or as otherwise required by law.

Please fill this form and deliver in person or email a photo or scanned document to glow@stbedes.com.au

Name of Child _____ DOB _____ Sex M / F

Current School Year and Class _____ School _____

Parent 1 _____ Ph (mob) _____

Email Address _____ Ph (home) _____

Parent 2 / Alternative Contact _____ Ph (mob) _____

Is your child on a special diet, on any medication, have a serious illness or disability, have a known behavioural problem or restricted from any activity?

☐ No ☐ Yes

Is there anyone who is legally restricted from seeing your child? *If yes, include details below.*

☐ No ☐ Yes

☐ I give permission for my child to walk with Glow leaders from Drummoyne Public School after school on Thursdays to the Glow at St Bede's hall, crossing at the Tranmere Rd crossing. I will inform Jeremy (0433375766) or the church office (91811653) if my child will not be present for collection by 3:35pm after school for the walking bus.

☐ I give permission for photos or videos of my child to be used to promote St Bede's ministries. *(We only use group photos for promotional use - feel free to get in touch if you have questions)*

☐ I give permission for my child to participate fully in the activities of Glow and, while knowing that all care will be taken by leaders, I release leaders from responsibility for injuries resulting from my child's normal participation in Glow activities.

☐ I give my permission to secure proper medical treatment for my child where medically necessary. *Please list any medication to which your child has allergies below.*

Additional information:

Name _____

Signature _____ Date _____