Kids Church Welcome letter for Parents/ Guardians

BaranudaCommunity Church

Dear Parent/Guardian,

We would like to welcome you and your child/ren to Kids Church. Thank you for trusting us to provide a fun, safe place for your child/ren to learn and grow.

Here at Baranduda Community Church we understand the need to provide a safe physical and emotional environment for your child/ren. We admit that in the past the church, in general, has on occasion been guilty of failing to provide child-safe environments. We, however, have taken several proactive steps towards creating a safe environment for your child/ren. All youth and children's leaders in our church are properly screened and recruited before they are allowed to work with children and young people and have undergone safe church training.

We have also implemented a Safe Ministry Policy. Part of this policy is that our leaders will abide by our Ministry Code of Conduct. We have also made a commitment to report via our Leadership any children who are at risk to the government Child Protection services.

In the interest of keeping your child/ren as safe as we can, we would ask that you take a few moments to complete the attached Child Information Form.

All information on the form will be kept confidentially in the church records.

As part of our commitment to being safe, we ask that you please sign in and sign out your child at the start and the finish of Kids Church.

Thank you for your participation in helping provide a safe place for your child/ren.

Chris Barnes

Pastor

BCC Kids Church Enrolment Form

BaranudaCommunity Church

GENERAL INFORMATION:

Participant's name(s): _____ Age: _____

_____ Age: _____

_____ Age: _____

_____ Age: _____

Parent(s) / guardian(s) name: _____

Home Phone No: _____ Mobile: _____

Email: _____

MEDICAL INFORMATION:

Medical conditions: _____

Please list any medical conditions or allergies, and any medication or special care they require.

DIETARY RESTRICTIONS: Is your child on a restricted diet? ☐ No ☐ Yes

If yes, please indicate food or beverages your child should not consume:

_____

_____

ALTERNATIVE EMERGENCY CONTACT:

Name: _____ R/ship to child: _____

Phone: (H)_____ (W) _____ (M) _____

☐ I authorise the leader in charge of the above mentioned group to arrange for my child to receive such first aid and medical treatment as a trained first aid person may deem necessary.

☐ I authorise the use of calling an ambulance by a qualified medical practitioner if in his/her judgment it is necessary.

☐ I accept responsibility for payment of all expenses associated with such treatment.

Please read the following statement and tick the boxes from which you wish to preclude your children:

☐ I **DO NOT** give permission for my child to participate in activities outside of the normal meeting complex except where they are within reasonable walking distance.

☐ I **DO NOT** give permission for my child to be transported in private cars arranged by the leaders of the above named group.

Transport authority: If I am unable to collect my child at the finishing time, they may be transported home from the program with the following people:

Signature of parent/guardian: _____ **Name**_____ **Date**_____

Thank you for providing this important information. The safety and wellbeing of your child is our primary concern.