



**BANKSIA GARDENS
COMMUNITY SERVICES
GIRLS CIRCLE PROGRAM 2017
Thursdays 3.45pm – 5.15pm**

REGISTRATION FORM

First Name (Parent or guardian):	Date:
Last name (Parent or guardian):	Address:
Suburb:	Postcode:
Home phone:	Mobile phone:
Language(s) spoken at home (optional):	Photographic consent *: Yes <input type="checkbox"/> No <input type="checkbox"/>

Please complete the following details for all your children attending the program:

Name	Age	School

Emergency contact:
Name: _____ Phone: _____

Do your children have a medical condition or disability? Yes No
If yes, please indicate what type.

Visual <input type="checkbox"/>	Mental illness <input type="checkbox"/>	Medical condition <input type="checkbox"/>
Hearing <input type="checkbox"/>	Acquired brain injury <input type="checkbox"/>	Other – please specify <input type="checkbox"/>
Physical <input type="checkbox"/>	Intellectual <input type="checkbox"/>	

*** Please ensure girls wear clothing they'll feel comfortable moving in.**

I authorise my child/children to participate in the Banksia Gardens Girls Circle Program activities.

Signature _____ **Printed name** _____

*The personal information requested is being collected and will only be used to ensure that Banksia Gardens Procedures are effective, in accordance with the Information Privacy Act 2000. This information will only be used for its intended purpose by Banksia Gardens Community Services and will not be disclosed to any other party except as required by law. If you fail to provide this information, the registration may not be processed. You may access the information by contacting Banksia Gardens Community Services on 9309 8531. * Authorising BGCS to use images of your children for the organisation's promotional purposes.*