KidSMART Program Registration

Student Name…………………………………… DOB………………………

School……………………………………………Grade……………………

Parent Name……………………………………………………………………

Address……………………………………………………………………

Contact Phone No………………………………………Mobile……………………

Emergency Contact   1. ……………………………… 2…………………………

Phone Numbers   1. ……………………………… 2. …………………………

Does your child have any food allergies? If so please provide the details.
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Does your child have a medical condition we should know about? If so, please outline the required management.
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In the event of a medical emergency, do you give permission for the facilitators to seek medical assistance? Yes / No

Doctors Name………………………………… Phone Number………………………

Do you give permission for your child to be photographed participating in the program? Yes / No

Do you give permission for your child's school to be informed about their involvement in the program? Yes / No

Are you attending the Parent Information session? Yes / No

Parent Name……………………………Signature………………… Date…………………