

PARENTS' CONSENT FORM
Please read carefully and sign below

"I,

being the parent/guardian of

Give my consent for him/her to attend the "Supaday". I consent to his/her participating in all such activities associated with the day, including (but not limited to) those activities indicated on the application form. I understand that personal accident insurance is the responsibility of the individual child, and that St. Paul's Anglican Church, and its representatives, can accept no liability for injuries or other accidents. I give permission for medical aid to be sought for my child in the event of any accident or sickness. I agree to pay all such doctor's and hospital fees incurred on behalf of my child. I understand that photo and video footage may be taken of my child on the day to be used for church promotional purposes only"

Signed: _____ Date: ____ / ____ / 2009
(Parent/guardian)

PAYMENT

Full Fee \$15 per child or \$30 per family per day.

1. My Fee

I will pay the full fee of \$15 /or \$30 for 2 or more children

2. My Payment

I am enclosing total fee payment of \$_____

I am enclosing a deposit of \$5

(Please place payment in an envelope with name clearly marked.)

3. Method of Payment

Cash

Cheque

Credit Card

Credit Card Authority - Please debit \$_____ to my Bankcard Visa Mastercard

Number _____

Name on Card _____ Expiry Date ____ ____

Signature _____ Daytime Phone _____

For further enquiries, please phone the church office on 8858 1133

CANCELLATION AND REFUNDS

Before the day: All payments will be refunded.

On the day: All payments will be refunded, less a \$5 administration charge