

Urgent Response Required – Emergency Contact Details

Dear Kids Unlimited Parent,

Thank you for enrolling your child in the Kids Unlimited/Chess Kids program. Our objective is for every child to enjoy their experience and build mental muscles by learning something new each week.

In order to maintain a safe environment for your child it is a requirement that we maintain up-to-date contact details for every child under our care. At present our records for your child are incomplete or out of date, which poses a risk in case of emergency. We request that you complete, sign and return the information below before the next class, or create your account online on <http://ku.zone>.

Yours sincerely,

Enrollments Office

STUDENT DETAILS

First Name: _____ Last Name: _____
Gender: (circle one) F / M Date of Birth: ____/____/____
School: _____

PARENT DETAILS

First Name: _____ Last Name: _____
Phone 1: _____ Phone 2: _____
Address: _____
Suburb: _____ State: _____ Postcode: _____
Email Address: _____

Declaration and consent to emergency medical treatment

I, (Print full name) _____ a person with lawful authority of the child referred to in this enrolment form,

- Give permission for my child to attend this chess program under the care of Kids Unlimited supervisors
- Declare that the information in this enrolment form is true and correct and undertake to immediately inform Kids Unlimited in the event of any change to this information;
- Agree to collect or make arrangements for the collection of the child referred to in this enrolment form if she/he becomes unwell while in the care of Kids Unlimited;
- Consent to the supervisor or responsible adult to seek medical treatment for the child from a medical practitioner, hospital or ambulance service and bear the associated costs.

Signature _____ Date _____

RETURN THIS DOCUMENT OR CREATE YOUR ACCOUNT ONLINE

Email: accounts@kidsunlimited.com.au Fax: 03 8595 0911

<http://ku.zone>