



**3:00-5:00pm each Wednesday** (during school term)

**Campbell Street Presbyterian Church**  
(3:00pm pick-up available from school gate)

**games, food, craft & learn more about Jesus**

**Cost is \$20 per family each term**

**For more contact Libby Tugwell**  
**0415420550 libbytug@bigpond.net.au**

**PUPIL FREE DAY KID'S CLUB**

**8:30am-3:30pm Monday 30th April**

AN  
ACTIVITY  
OF



**CAMPBELL STREET**  
PRESBYTERIAN CHURCH BALMAIN

[campbellsfreet.org.au](http://campbellsfreet.org.au)



# REGISTRATION

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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Parent/Guardian's name/s: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Person & Number: \_\_\_\_\_

- I give permission for my child/ren to be picked up from Balmain Public School gate and walk to **CAMPBELL STREET KIDS**.
- I'll arrange for my child/ren to be at Campbell Street church at 3:30.
- I give permission for photos of my child/ren to be taken and used during church functions, such as services.
- I give permission for my child/ren to walk to a local Balmain Park with the leaders from Campbell Street Kid's for activities/games during **CAMPBELL STREET KIDS**.
- I give permission for my child to be picked up from **CAMPBELL STREET KIDS** by:

Person's Name & Number: \_\_\_\_\_

Person's Name & Number: \_\_\_\_\_

Anything else we need to know (medical, allergies, diet, etc)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_