



PO Box 2084
Cairns QLD 4870
Phone: 0419 324 984
Email: info@fnqcpsupportgroup.com
ABN: 84 851 821 426

CLIENT REGISTRATION

Child First Name:	Child Last Name:
<input type="text"/>	<input type="text"/>
Parent/Carer Name:	Parent/Carer Name:
<input type="text"/>	<input type="text"/>
Address:	
<input type="text"/>	
Suburb/Town:	Post Code:
<input type="text"/>	<input type="text"/>
Telephone (AH):	Mobile:
<input type="text"/>	<input type="text"/>
Telephone (BH):	Fax:
<input type="text"/>	<input type="text"/>
E-mail:	
<input type="text"/>	
Type of Cerebral Palsy or Disability:	
<input type="text"/>	
Date of Birth:	Does your child identify as Aboriginal or Torres Strait Islander?*
<input type="text"/>	YES / NO (*question optional)

Use of Photographs or Video

I (please circle as appropriate) authorise / do not authorise the FNQ Cerebral Palsy Support Group Inc. to use photographs of the registered child and parents/carers for promotional purposes in any type of media, including its website. The photographs or video may not be used for profit without my express permission. I understand that I will not be paid or rewarded for providing this authorisation.

Name (Printed):	Date:
<input type="text"/>	<input type="text"/>
Signature:	
<input type="text"/>	

Please return completed form to:

The Secretary, PO Box 2084, Cairns QLD 4870.
You can also e-mail your completed form to info@fnqcpsupportgroup.com
For assistance with your registration, please call 0419 324 984.

Office Use Only

Notice of registration sent:	Added to register:
<input type="text"/>	<input type="text"/>