

**Child and Youth Registration Form**

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Evergreen Heights Christian Fellowship. Any medical information collected here serves to authorize Evergreen Heights Christian Fellowship and its staff and volunteers to obtain medical assistance in emergencies.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth (YYYY-MM-DD) \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth (YYYY-MM-DD) \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth (YYYY-MM-DD) \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Parent Cell \_\_\_\_\_ Parent Work Number \_\_\_\_\_

Parent Email \_\_\_\_\_

In case of an emergency, contact \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Allergies with Child's Name: \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? ☐ Yes ☐ No

If yes, please explain here or request a time to meet with Amanda to discuss further \_\_\_\_\_

Is your child bringing any medication with him/her? ☐ Yes ☐ No

If yes, please list \_\_\_\_\_

The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection I/we, the parents or guardians named above, authorize the ministry staff and volunteers of Evergreen Heights Christian Fellowship Ministry to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/we, named above, undertake and agree to indemnify and hold blameless the ministry staff, Evergreen Heights Christian Fellowship, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the

participant as a result of being part of the activities of Evergreen Heights Christian Fellowship, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of Evergreen Heights Christian Fellowship

Parent Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### Photos

Please sign below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways:

☐ Promotional material    ☐ Church    ☐ Website    ☐ AGM Booklet (digital version is online)    ☐ Online Services (if children do presentations from the stage)

Parent Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### Please fill in for students attending Jr. Youth or Sr. Youth programs

A policy is in effect that communication is to be used solely for the dissemination of information. Please sign below to grant permission for Youth Program staff and volunteers to communicate with your student via:

☐ Text Messaging    ☐ Telephone    ☐ Email

Student Cell # \_\_\_\_\_ Student Email Address \_\_\_\_\_

May your student leave events unattended?    ☐ Yes    ☐ No

I give my child permission to attend Youth events that are offsite (not on church property) that are hosted by Church approved Youth Group Leaders during 2025/2026:

☐ Yes    ☐ No

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Permission to Leave

I give permission for my child who is **7 years old or older**, to leave Sunday School and find me on their own after the service without verification of child and parent/guardian security numbers. I understand that I take full responsibility for my child when service ends. I want my child added to the list kept in each room of children permitted to leave on their own.    ☐ Yes

I do not give permission for my child who is 7 years old or older to leave on their own, I will continue to pick them up.    ☐ Yes

**Child and Youth Ministry Activities**

I have read, understood and agree with the above and sign it to cover all Children's Ministry/Youth Ministry activities for September 2025-September 2026.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Purposes and Extent**

Evergreen Heights Christian Fellowship is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Evergreen Heights Christian Fellowship to limit the information collected, or to view your child's information, please contact us.