

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 _____ Date of Birth _____

Age _____ Grade _____

Address _____

Parent/Guardian Name(s) _____

Phone Number _____ Parent Work Number _____

Parent Cell _____ Parent Email _____

In case of an emergency, contact _____

Phone Number _____ Relationship to Child _____

Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies _____

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 _____

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.

Parent Signature _____

Printed Name _____ Date _____

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.

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 telephone, email, social media, and text:

- Text Messaging Telephone Email Social Media

Student Cell # _____ Student Email Address _____

May your student leave events unattended? Yes No

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 the program year effective as stated below.

Signature _____

Printed Name _____ Date _____

Permission to Leave

If your child is **7 years old or older**, you may give consent for them to leave Sunday School and find you on their own after the service without verification of child and parent/guardian security numbers. A list will be kept in each room and only the children on the list will be permitted to leave on their own. All others must be picked up by their parent/guardian with a matching security number.

Do you give consent for your child to leave Sunday School unattended after the service?

- Yes No

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.