

Children's Ministry Program Registration and Consent Form

Information received is confidential and is being gathered for the purposes of serving your Children while in the care of Arrowsmith Baptist Church. Any medical information collected here serves to authorize Arrowsmith Baptist Church, and its Staff and Volunteers, to obtain medical assistance in emergencies. This form should be completed annually by the Parent / Care Giver.

Student's Name _____ Date of Birth _____

What grade is your child going into for the school year 2017 / 2018 Grade _____

Address _____

Home Phone Number _____ Parents' Work Number _____

Email Address _____ Parents' Cell Number _____

Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies _____

In case of an emergency, contact _____

Who is Authorized to pick up your Child? (must be 16 years or older) In case of custody agreements, please include the proper authorizing parental contacts.

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that 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 well-being and protection. **(Please turn over...)**

I/we, the Parents or guardians named below, authorize an Arrowsmith Pastor or one of Arrowsmith Baptist Church's Children's Ministry Program Personnel 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 below, undertake and agree to indemnify and hold harmless Children's Ministry Program Personnel, Arrowsmith Baptist Church, and its leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Arrowsmith Baptist Church, as well as of any medical treatment authorized by the supervising individuals representing Arrowsmith Baptist Church. This consent and authorization is effective only when participating in to events sponsored by Arrowsmith Baptist Church.

Children's Ministry Care Policy & Parental Agreement:

Arrowsmith Baptist Church believes in excellence in our entire Children's Ministry Department. It is always our endeavor to care for your child(ren) to the best of our ability while they are entrusted to us. At any time, we reserve the right to not admit your child into the classroom should there be signs of any communicable disease or sickness i.e. colds etc. Please ensure complete information regarding allergies/special needs is provided and updated as needed. Your child(ren) will only be released to the parent/guardian and/or those whom you have authorized above. We reserve the right to remove children who exhibit extreme or rebellious behavior that negatively impacts our ability to care for the class in its entirety. We appreciate you collecting your child immediately after the first song following the sermon.

I _____ agree with and will abide by this policy. *(Must be signed by parent/guardian)*

Photos*

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

- Brochures/Promotional material
- Website
- Videotaping
- Organization
- Newsletters

*May be used for identification or in other promotional materials for church use. I acknowledge that these photographs will be stored on the Arrowsmith Baptist Church office computer for these purposes.

Purposes and Extent

Arrowsmith Baptist Church 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 Arrowsmith Baptist Church to limit the information collected, or to view your child's information, please contact us.

Parent / Guardian Options

I have read, understood and agree with above and sign it to cover all Children's Ministry Program activities for the program year effective as stated below.

Parents'/Guardian Signature _____

Printed Name _____ Date _____

This permission form is effective: DATE _____ to _____