

West Meadows Baptist Church

Children's Ministry Registration Form for 2009 - 2010

One form per child (birth through Gr 6). Please return completed forms to Pastor Jesse.

Information collected is confidential and is being gathered for the purposes of serving your child while in the care of West Meadows Baptist Church. Any medical information collected here serves to authorize West Meadows Baptist Church, its staff and volunteers, to obtain medical assistance in emergencies.

In the case of custody agreements, please include the proper form authorizing parental contacts.

Personal Information

Child's Full Name: _____ Date of Birth: _____ (Grade: ____)

Mailing Address: _____

Postal Code: _____ Phone (H): _____

Parent(s) / Guardian(s): _____

Parent(s) (W): _____

Parent(s) (C): _____

Email(s): _____

Alberta Healthcare Number: _____

Allergies/Medical Conditions: _____

Family Doctor: _____ Phone: _____

In case of an emergency where parent/guardian is not available, contact

Name: _____ Relationship to Child: _____

Phone: _____ Phone (C): _____

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.

Important

Please notify West Meadows Baptist Church if your child has been exposed to a communicable disease within three weeks prior to any ministry activity.

Photos

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

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Brochures/Promotional material | <input type="checkbox"/> Website |
| <input type="checkbox"/> Church | <input type="checkbox"/> Newsletters |

Release and Permission Statement

I/we, the parents or guardians named below, authorize the West Meadows Baptist Church Ministry Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the student named above.

I/we, named below, undertake and agree to indemnify and hold harmless Ministry Personnel, West Meadows Baptist Church, its Pastors and Ministry Council from and against any loss, damage or injury suffered by the participant as a result of participating in the activities of West Meadows Baptist Church, 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 sponsored by West Meadows Baptist Church.

Purposes and Extent

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

I have read, understood and agree with all of the above.

Signature of Parent / Legal Guardian: _____

Printed Name: _____ Date: _____