

22. Appendix 12: Child/Youth Registration Form

If your child/youth will be participating in programs at Glencairn Mennonite Brethren Church, please complete this form which will be kept on file.

PARENT/GUARDIAN'S INFORMATION (please print)

Name: _____

Address: _____

City & Postal Code: _____ Home Phone: _____

Email: _____ Cell Phone*: _____

Emergency Contact Name: _____ Phone: _____

* Will be used only to text you a message in case your child needs you during the service.

CHILD/YOUTH'S INFORMATION (please print)

| | | | |
|-------------------------------|--------------|-------------|---------------|
| Name: _____ | Grade: _____ | Male: _____ | Female: _____ |
| Birthdate (dd/mm/yyyy): _____ | | | |

| | | | |
|-------------------------------|--------------|-------------|---------------|
| Name: _____ | Grade: _____ | Male: _____ | Female: _____ |
| Birthdate (dd/mm/yyyy): _____ | | | |

| | | | |
|-------------------------------|--------------|-------------|---------------|
| Name: _____ | Grade: _____ | Male: _____ | Female: _____ |
| Birthdate (dd/mm/yyyy): _____ | | | |

Health Issue Notes (please indicate child's name for each issue)

Health Issues (including food or drug allergies, whether your child wears a "Medical Alert" bracelet, whether your child is on regular medication, etc.) – please provide details below as appropriate. Please also indicate if this health issue is a life threatening allergy or condition.

If there is any additional information we should be made aware of (family, medical, social, or other), or if there is a custody order in place for your child, please indicate here.

Medical Consent: I consent to let program leaders seek medical attention for my child if I cannot be reached and immediate attention is deemed by the program leaders to be required. It is understood that the leaders will make every effort to continue to contact me in the event of such a medical emergency. **Initials** _____

Parents are encouraged to change diapers prior to leaving their child in the nursery. Parents will be paged to change diapers, unless permission is given to do so by an approved church worker. **I give consent: YES** _____ **NO** _____

Children up to Senior Kindergarten (age 5) must be picked up after the program by a parent or designated person. If a sibling is picking them up, they must be 11 years old or older.

If your child is in Grade 1 or older, they will be dismissed without a parent or designated person. If you require someone to pick up your child, **please initial here:** _____

Preferred Contact Consent for Children and Youth:

I give permission for the Church leaders to contact my youth as follows:

- Email (provide address): _____
- Text (provide cell number): _____
- Facebook (through youth group closed accounts): Yes _____ No _____
- One on One meeting in a public space with an approved church leader for the purpose of discipleship and mentoring: Yes _____ No _____
- Other (Specify) _____

Note that this communication is restricted to enhancing the ministry of the Church.

Picture Consent: Understanding that the Church does not include the names of minors with their pictures in any promotional material, I consent to the use of pictures/videos taken of my children for use inside the church building. **Initials** _____

Website Consent: I agree to allow pictures of my child to appear on the Church website.
Initials _____

| | |
|---|--------------------|
| Parent/Guardian signature: _____ | Date: _____ |
|---|--------------------|

Privacy: It is understood that the information provided through this registration will be added to the church database to be used for church program purposes only, and not to be distributed to any outside party.

*Please return this form to the Children's Ministry Leader, Youth Leader or Office
The information on this form will be kept strictly confidential.*