

# Prince Albert Alliance Church Children's Ministry Registration and Consent Form

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

## For the school year 2019 / 2020

Child's Name (first and last) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Family Doctor \_\_\_\_\_ Health Care Card # \_\_\_\_\_

Allergies \_\_\_\_\_

Alternate emergency contact \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of?  YES  NO

If yes, please explain (if necessary, please fill out our Special Needs Form):

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In what ministries will your child be a part of this year?

- |                                        |                                            |                                |
|----------------------------------------|--------------------------------------------|--------------------------------|
| <input type="checkbox"/> Sunday School | <input type="checkbox"/> Toddler Room      | <input type="checkbox"/> BLAST |
| <input type="checkbox"/> KidZone       | <input type="checkbox"/> Mom's Morning Out | <input type="checkbox"/> AWANA |

## **Permissions**

I grant permission for the *reasonable* use of pictures containing my child being used for church use (on slide shows in church or on bulletin boards).  YES  NO

Baby/Toddler: I give permission for workers to change diaper.  YES  NO

Is your child up to date on vaccinations? (MMR/DPTP-Hib)  YES  NO

I would like to receive the monthly Children's Ministry email newsletters.  YES  NO

**(continued on back)**

**Purposes and Extent**

Prince Albert Alliance 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 Prince Albert Alliance Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Prince Albert Alliance Church to limit the information collected, or to view your Child's information, please contact us.

**The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection.**

**I/we, the Parents or guardians named below,** authorize Kim Maier or one of Prince Albert Alliance Church 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 Program Personnel, Prince Albert Alliance 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 Prince Albert Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing Prince Albert Alliance Church. This consent and authorization is effective only when participating in or traveling to events sponsored by Prince Albert Alliance Church.

**I/we have read, understood and agree with the above.**

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

Signature (s) \_\_\_\_\_ Date \_\_\_\_\_