

Office Use Only

--	--	--	--

Nursery Sunday School Jr. Church Launchpad

Elgin Missionary 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 Elgin Missionary Church. Any medical information collected here serves to authorize Elgin Missionary Church, and its staff and volunteers, to obtain medical assistance in emergencies.

FOR THE PROGRAM YEAR 2018/2019

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

Student Name _____ Date of Birth _____

Please circle one: Male / Female Grade: _____

Address _____

Home Number _____ Cell Number _____

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? If yes, please list. Yes No

Parents'/Guardian Name _____

Email: _____

In case of an emergency, contact _____

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

Please turn over...

How Did You Hear About The Program?

- Came to Pioneer Club last year From a Friend Church Website
 Stratford Parents-On-Line Elgin Kids' Soccer Church
 School Community Newsletter Other _____

I/we, the Parents or guardians named below, authorize the program leader or one of Elgin Missionary 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, Elgin Missionary 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 Elgin Missionary Church, as well as of any medical treatment authorized by the supervising individuals representing Elgin Missionary Church.

This consent and authorization is effective only when participating in or traveling to events sponsored by Elgin Missionary Church.

Photos

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

- Website Church

Purposes and Extent

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

I have read, understood and agree with the above.

Parent Signature _____

Printed Name _____ Date _____

Please turn over...

Launchpad Kids Ministry-Wednesday evenings 6:30-8:00 pm

Parental Consent Form re Child Pick-up 2018/2019 Season
(One form per Family)

Please list all your children in Launchpad (and their Grade level)

Child	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The above children will be picked up at the end of Launchpad night by:

Name	Relationship to Child
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Note:

Any person picking up the child will be asked for identification, and should therefore, please come prepared.

*** If anyone other than those listed above is picking up your child/children at any time throughout the year, please send **a signed note** with your child that evening.

Parent Signature: _____

Parent Printed Name: _____