



# Children's Ministry Registration Form

Community Bible Church is collecting and retaining this personal information for the purpose of enrolling your child in our Children's Ministry programs. This information allows us to inform you of program updates and upcoming opportunities at our church. All information is kept confidential and is used for ministry purposes only. Information is stored in a secure file. In the case of custody agreements, please include the proper form authorizing parental contacts.

## Contact Information:

Parents/Guardians Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_  
Email \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

## Child's Information:

Student Name \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_ Grade \_\_\_\_\_  
Allergies & Treatment \_\_\_\_\_  
Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of?  
\_\_\_\_\_

Is your child bringing any medication with him/her? \_\_\_ yes \_\_\_ no If yes, please list. Please note that Community Bible Church staff and volunteers are not permitted to administer any medication, with the exception of epi-pens and puffers.  
\_\_\_\_\_  
\_\_\_\_\_

Student Name \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_ Grade \_\_\_\_\_  
Allergies & Treatment \_\_\_\_\_  
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Is your child bringing any medication with him/her? \_\_\_ yes \_\_\_ no If yes, please list. Please note that Community Bible Church staff and volunteers are not permitted to administer any medication, with the exception of epi-pens and puffers.  
\_\_\_\_\_  
\_\_\_\_\_



**Student Name** \_\_\_\_\_ **Date of Birth (month/day/year)** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Allergies & Treatment** \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of?

\_\_\_\_\_

Is your child bringing any medication with him/her? \_\_\_ yes \_\_\_ no If yes, please list. Please note that Community Bible Church staff and volunteers are not permitted to administer any medication, with the exception of epi-pens and puffers.

\_\_\_\_\_

\_\_\_\_\_

**Student Name** \_\_\_\_\_ **Date of Birth (month/day/year)** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Allergies & Treatment** \_\_\_\_\_

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of?

\_\_\_\_\_

Is your child bringing any medication with him/her? \_\_\_ yes \_\_\_ no If yes, please list. Please note that Community Bible Church staff and volunteers are not permitted to administer any medication, with the exception of epi-pens and puffers.

\_\_\_\_\_

\_\_\_\_\_

I/we, the parents or guardians named above, authorize a Community Bible Church staff or volunteer to sign a consent for medical treatment and to authorize a physician or hospital to provide medical assessment, treatment or procedures for the participant named above in the event that I cannot be reached.

Parent Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I/we, named above, undertake and agree to indemnify and hold blameless the Ministry Staff, Community Bible Church, its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Community Bible 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 of Community Bible Church.

Parent Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### Photos

Please 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 \_\_\_ Church \_\_\_ Website \_\_\_ Newsletters

Parent Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_