

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

Child Information / Registration (Please print)

Today's date

1 - CHILD'S INFORMATION

First name	Surname of child	Nick name or preferred	
Date of birth mm/dd/yyyy	Age School Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

This child:

Attends regularly **Attends occasionally (relative/friend of PEMC attendee)**

Is usually signed in by:

What Allergies/Special needs does your child have?

(Please be specific, listing any physical, emotional, cognitive, behavioural concerns or limitations.)

Please list any medications your child carries with her/him:

2 - CHILD'S INFORMATION

First name	Surname of child	Nick name or preferred	
Date of birth mm/dd/yyyy	Age School Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

This child:

Attends regularly **Attends occasionally (relative/friend of PEMC attendee)**

Is usually signed in by:

What Allergies/Special needs does your child have?

(Please be specific, listing any physical, emotional, cognitive, behavioural concerns or limitations)

Please list any medications your child carries with her/him:

3- CHILD'S INFORMATION

First name	Surname of child	Nick name or preferred
Date of birth mm/dd/yyyy	Age School Grade	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

This child:

Attends regularly **Attends occasionally (relative/friend of PEMC attendee)**

Is usually signed in by:

What Allergies/Special needs does your child have?

(Please be specific, listing any physical, emotional, cognitive, behavioural concerns or limitations)

Please list any medications your child carries with her/him:

PARENT(S)/GUARDIAN NAMES

RELATIONSHIP TO THE CHILD

First name	Surname	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____
First name	Surname	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____

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

CHILDREN'S MINISTRY CARE POLICY & PARENTAL AGREEMENT

Port Elgin Missionary Church believes in excellence in our entire Children's & Youth Ministries. It is always our endeavour to care for your child(ren) to the best of our ability while they are entrusted to us. However, we do assume the responsibility for the care only when complete information regarding allergies and any other special needs is provided. Should situations regarding your child change from week to week, please ensure that this is communicated directly to the Ministry Personnel or Children's/Youth Ministry Co-ordinator and make certain that it is written on the attendance sheets for the service which you are attending.

At any time, we reserve the right to not admit your child into the classroom should there be signs of any communicable disease or sickness. i.e.) colds, etc.

Please complete this Parent/Child registration card and remit at time of pick-up.

Your child(ren) will only be released to the parent/guardian and/or those whom you have authorized below.

We reserve the right to remove children who exhibit extreme or rebellious behaviour that negatively impacts our ability to care for the group in its entirety.

We appreciate you collecting your child(ren) immediately after the service / at the conclusion of the program.

I, _____ agree with and will abide by this policy.

Please print name

Signature

Date

Must be signed by Parent / Guardian

CONTACT INFORMATION

Address		Home Phone
City	Postal Code	Cell Phone(s) (Please indicate whose)
Primary Email Address (Family contact)		
Contact during the Worship Service: <input type="checkbox"/> 1 parent/guardian available on site <input type="checkbox"/> 2 parents/guardians available on site		Who is Authorized to pick up your child? (List all) (Must be 16 years or older)

PHOTO RELEASE - ONLY TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I give permission for me and my child(ren)'s picture or any photographic/video footage taken of my child(ren) to be used for identification pictures for security.

Additionally, I grant permission for the reasonable use of photos or videos containing my child in any or all of the following ways:

- Brochures/ Promotional material** **Church Services** **PEMC Website** **Newsletters**

I acknowledge that these photographs will be stored on the Port Elgin Missionary Church computer for these purposes.

- No ... I/we do not grant permission for any photo or video usage of my child(ren.)**

Signature

Date

INDEMNITY

In the event that I/we, the parents or guardians named above, are unavailable, I/we authorize the Pastor or one of the Port Elgin Missionary Church Ministry Staff 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. This consent and authorization is effective only for situations resulting from participation resulting in events of the Port Elgin Missionary Church.

I/we understand that in the event that an individual, other than my/ourselves is picking up our child(ren), photo ID will be required in order for our child(ren) to be released to an unknown individual. Children will only be released to those individuals identified on this registration form, or with written permission identifying an alternate individual.

I/we, named above, also undertake and agree to indemnify and hold blameless the Ministry Staff, Port Elgin Missionary Church, its Pastors, Board of Directors, and Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Port Elgin Missionary Church, as well as of any medical treatment authorized by the supervising individuals representing the church.

I have read, understand, and agree with the above and sign to cover FOUNDATIONS activities of the Port Elgin Missionary Church. _____ (Print Name)

Parent / Guardian Signature _____ Date: _____

PURPOSES AND EXTENT

Port Elgin Missionary Church is collecting and retaining this personal information for the purpose of enrolling your child(ren) in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child(ren), and to inform you of program updates and upcoming opportunities at the Port Elgin Missionary Church.

This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel.

If you wish the Port Elgin Missionary Church to limit the information collected, or to view your child's information, please contact us.

OFFICE USE ONLY

Date Received:	Received by:	Date Data Base Entry:	Entered by:	ID Number:
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