



Nursery/Toddler Registration Form

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

For the school year 20 __ / 20 __ I/We are visiting EastRidge Church Yes

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

Child's Last Name _____ First Name _____

Date of Birth (d/m/y) _____ Grade as of Sept. 20__ _____

Address _____

Phone Number _____

Parent/Guardian Last Name _____ First Name _____

Phone Number (H) _____ (W) _____ (C) _____

Family Doctor _____ Phone Number _____

Allergies (Please also list symptoms) _____

In case of an emergency, contact:

Last Name _____ First Name _____ Relationship _____

Phone Number (H) _____ (W) _____ (C) _____

Does your child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? If yes, please explain: Yes No

Is your child bringing any medication with him/her? Yes No
If yes, please list. _____

My child may have a snack during class _____ I/ we will provide a snack for my child. _____

Nursery: I/we give permission for staff to change my child's diaper if required. Yes No

Toddler: My child uses the toilet...

Not yet _____ With assistance _____ Independently _____

I/we give permission for staff to toilet my child. Yes No

Should your child require a diaper change, you are asked to use the nursery facilities next door.

What are some of your child's favourite things or activities? _____

Do you have any other advice about the care of your child (i.e. likes to climb, likes to bite ...)?

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 Pastor [name of pastor] or one of the EastRidge Evangelical Missionary Church Ministry 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 Ministry Personnel, EastRidge Evangelical Missionary Church, its Pastors and Elders (EPT) from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of EastRidge Evangelical Missionary 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 and from events sponsored by the EastRidge Evangelical 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:

- Brochures/Promotional material Church Videotaping
 Website Newsletter

Purposes and Extent

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

Parents/Guardians of Nursery & Toddler aged children must remain in the building.

I have read, understood and agree with the above.

Parent/Guardian Signature _____

Last Name _____ First Name _____ Date (d/m/y) _____