



Child Registration Form

Date: _____

I/We are visiting EastRidge Church Yes

Parents/Guardians of children must remain in the building during Sunday Service times.

<p>Contact Information:</p> <p>Child's Last Name</p> <p>First Name</p> <p>Date of Birth (d/m/y)</p> <p>Grade as of Sept. 20__</p> <p>Address (street, town, PC)</p> <p>Parent(s)/Guardian(s)</p> <p>Last Name</p> <p>First Name(s)</p> <p>Phone Number</p> <p>(H) (W)</p> <p>(C)</p> <p>Email</p>	<p>Medical Information:</p> <p>Family Doctor</p> <p>Phone Number</p> <p>Allergies</p> <p>Does your child have any physical, emotional, mental, behavioural concerns or limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain, continue on the back if needed.</p> <p>Is your child bringing any medication with him/her? Parents are to administer medications. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list.</p> <p>Emergency contact (if different than parent/guardian):</p> <p>Last Name</p> <p>First Name Relationship</p> <p>Phone Number: (H)</p> <p>(W) (C)</p>
<p>Purposes and Privacy</p> <p>Purposes and extent for the collection of personal information and Privacy Policies in accordance with The Personal Information Protection and Electronic Documents Act(PIPEDA) are posted in the classroom for your reference.</p> <p>Indemnification</p> <p>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.</p>	<p>Medical Consent</p> <p>I/we, the parents or guardians named above, authorize the Pastors 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 child named above.</p> <p>Photos – If you do not want your child photographed (for internal purposes only and in accordance with our Privacy, Abuse Prevention and Social Media Policies). Please advise the classroom staff.</p>

I have read, understood and agree with the above.

Parent/Guardian Signature

Date(d/m/y)

Acknowledgement for subsequent years -

If no changes to your child's information from the previous year, please sign below.
If there are any changes to your child's information you are required to fill in a new form.

Parent Name: (print) _____ Date: _____

Parent Signature: _____

Parent Name: (print) _____ Date: _____

Parent Signature: _____

Parent Name: (print) _____ Date: _____

Parent Signature: _____

****A new form is required to be filled in when a child changes or graduates to a new class.**