



Christian
Reformed
Church

First Christian Reformed, Red Deer, Registration and Consent Form for Children and Youth Ministries

Information received is confidential and is being gathered for the purposes of serving your child while in the care of First Christian Reformed, Red Deer. Any medical information collected here serves to authorize First Christian Reformed, Red Deer, and its staff and volunteers, to obtain medical assistance in emergencies.

Information given in relevance to (please check all that apply)

- Nursery JaM Time GEMS Cadets VBS Youth Story Hour

For the ministry year 20 __ / 20 __

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

Child's Name _____ Date of Birth _____ Grade _____

Parent/Guardian Name _____ Relationship to Child _____

Address _____

Phone Number _____ Guardian Work Number _____

Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies _____

In case of an emergency, contact _____

Phone Number and email (if not already written) _____

Name of Adult(s) to whom the child, under any circumstance, may NOT be released:

Adult _____ Relationship _____

Adult _____ Relationship _____

Adult _____ Relationship _____

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? Yes No

First Christian Reformed, Red Deer, | Plan to Protect® Policy

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If yes, please explain:

Is your Child bringing any medication with him/her?

Yes No

If yes, please list.

In the case of all Ministries, medication will only be administered by the parents of the child, except during off-site activities, in which case, permission will be given.

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 program leader or one of First Christian Reformed, Red Deer, 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, First Christian Reformed, Red Deer,, 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 First Christian Reformed, Red Deer,, as well as of any medical treatment authorized by the supervising individuals representing First Christian Reformed, Red Deer,. This consent and authorization is effective only when participating in or traveling to events sponsored by First Christian Reformed, Red Deer.

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
- Website
- Videotaping
- Church
- Newsletters

Communication (children 12 and under will not be contacted unless a parent is included)

A policy is in effect that communication is to be used solely for the dissemination of information. Please sign below to grant permission for Youth Ministry Personnel (staff and volunteers) to communicate with your Child via telephone, email, social media and text:

- Telephone (home / work / cell)
- Email
- Social Media Networks
- Text messages

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Purposes and Extent

First Christian Reformed, Red Deer, 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 First Christian Reformed, Red Deer, to limit the information collected, or to view your Child's information, please contact us.

Signature

I have read, understood and agree with the above.

Parent/Guardian Signature _____

Printed Name _____

Date _____

