



Registration Form

Children's Ministry - 2009- 2010

Bethany Community Church

PLEASE NOTE: IF YOUR FAMILY IS IN THE CHURCH DIRECTORY YOU DO NOT NEED TO COMPLETE ITEMS MARKED BY *

Child's Name: _____

Date of Birth: _____
Month/Day/Year

Family E-Mail address _____

Parent(s)/Guardian Name(s): _____

*Address: _____

*Phone Number: Home: _____

Cell Phone: _____
For Emergencies Only

If not brought by parents, name of contact person: _____

Where in the church building will parents/contact while child is in Nursery?

(i.e. worship, Adult discussion group, teaching in RC etc) _____

Are there any special custody arrangements we should be aware of? Yes No
If yes, please explain

Does your child have any allergies that we should be aware of: Yes No
If yes, please explain

NOTE: Please inform your child's caregiver of any serious allergies.

Any other information that would be helpful for your child's caregiver to know: _____

Please see over...

Child's Name: _____



Our Vision . . . to enable children to experience and respond to God's love.

FREEDOM OF INFORMATION & EMERGENCY MEDICAL CONSENT FORM

Throughout the year at Bethany we take photographs and videos of our children's ministry events. These pictures are then used in Power Point presentations and promotional items both in and outside Bethany Church. In order for us to release personal information we must have consent to comply with the provisions of the Freedom of Information and Protection of Privacy Act.

Child's Name: _____ Birthdate: _____

I consent to the above child's photograph, video tape image and accomplishments being used from time to time. I understand these images may be used in Bethany Community Church publications, such as Power Point presentations, the church directory, newsletters and promotional materials to be distributed within Bethany Community Church and possibly to the media. I am also aware the above child's image may be used on our church web site.

I HEREBY GIVE CONSENT FOR MY CHILD TO BE PHOTOGRAPHED:

Signature of Parent/Guardian

Name of Parent/Guardian (Please Print)

I DO NOT GIVE CONSENT FOR MY CHILD TO BE PHOTOGRAPHED:

Signature of Parent/Guardian

Name of Parent/Guardian (Please Print)

In the event of a medical emergency, and we are unable to reach you as parent/ guardian:

I authorize Bethany Community Church Children's Ministry Staff to permit appropriate medical treatment at a medical facility. Bethany Community Church shall be held harmless in the event of an accident or injury and I understand and agree Bethany Community Church disclaims any and all liability.

Child's Name: _____ Date of Birth: _____

Health Card Number: _____

ALLERGIES: _____

MEDICAL CONDITIONS: _____

Date

Signature of Parent/Guardian

Name of Parent/Guardian (Please Print)

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