



# 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: \_\_\_\_\_ Grade (in Sept. 2009) \_\_\_\_\_

School Attending (in Sept 2009 if applicable): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Family E-Mail address: \_\_\_\_\_  
Day/Month/Year

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 be during Rainbow Connection?

(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 teacher of any serious allergies.*

Any other information that would be helpful for your child's teacher to know: \_\_\_\_\_

\_\_\_\_\_

*Please see over...*

Child's Name: \_\_\_\_\_



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*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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