

# 2018/19 Family Registration & Release Form

## Purposes and Extent

Sturgeon Valley Baptist Church (SVBC) is collecting and retaining this personal information for the purpose of enrolling your child(ren) 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 permanently as it is a requirement of our insurance company and legal counsel. If you wish SVBC to limit the information collected, or to view your child(ren)'s information, please contact us.

*Families who regularly attend SVBC and wish to enroll their child(ren) in our programming are required to complete and sign this annual form.* In signing this form you are also giving SVBC permission to send you updates and information on events that pertain to your children. *Please be sure to read this form carefully and fill out all of the requested information.* In the case of custody agreements, please include the proper form authorizing Parental contacts.

Parent/Legal Guardian <i>First Name(s)</i> :		<i>Last Name(s)</i> :	
Address:		City:	Postal Code:
Family (main) Email:		Home Phone:	
Parent/Legal Guardian #1 Personal Email:		Work Phone:	
		Cell Phone:	
Parent/Legal Guardian #2 Personal Email:		Work Phone:	
		Cell Phone:	

Child 1	NAME (please print):		AHC:		M <input type="checkbox"/> F <input type="checkbox"/>
	BIRTHDATE:		GRADE :		SCHOOL Enrolled 18/19:
	ALLERGIES/SPECIAL NEEDS OR INSTRUCTIONS:				
	Please check off <input checked="" type="checkbox"/> each program you are registering this child for:				
	Nursery/Toddler Care:	LMO Childcare:	Sunday School:	Children's Church:	Girls/Boys Club
Child 2	NAME (please print):		AHC:		M <input type="checkbox"/> F <input type="checkbox"/>
	BIRTHDATE:		GRADE :		SCHOOL Enrolled 18/19:
	ALLERGIES/SPECIAL NEEDS OR INSTRUCTIONS:				
	Please check off <input checked="" type="checkbox"/> each program you are registering this child for:				
	Nursery/Toddler Care:	LMO Childcare:	Sunday School:	Children's Church:	Girls/Boys Club:
Child 3	NAME (please print):		AHC:		M <input type="checkbox"/> F <input type="checkbox"/>
	BIRTHDATE:		GRADE :		SCHOOL Enrolled 18/19:
	ALLERGIES/SPECIAL NEEDS OR INSTRUCTIONS:				
	Please check off <input checked="" type="checkbox"/> each program you are registering this child for:				
	Nursery/Toddler Care:	LMO Childcare:	Sunday School:	Children's Church:	Girls/Boys Club:
Child 4	NAME (please print):		AHC:		M <input type="checkbox"/> F <input type="checkbox"/>
	BIRTHDATE:		GRADE :		SCHOOL Enrolled 18/19:
	ALLERGIES/SPECIAL NEEDS OR INSTRUCTIONS:				
	Please check off <input checked="" type="checkbox"/> each program you are registering this child for:				
	Nursery/Toddler Care:	LMO Childcare:	Sunday School:	Children's Church:	Girls/Boys Club:

PLEASE TURN OVER → → →

**Church Information**

Do you have a church mailbox?  Yes  No If NO, would you like one? \_\_\_\_\_

**Emergency Contact Information (other than Parents/Legal Guardians)**

In case of emergency please contact:

Name \_\_\_\_\_ Relationship to child(ren) \_\_\_\_\_

Phone \_\_\_\_\_ Alternate phone \_\_\_\_\_

Will your child(ren) be bringing any medication with him/her?  Yes  No

If so, Please indicate which child(ren), and details about medication and use:

\_\_\_\_\_

**Release and Waivers**

The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection.

I/ we, \_\_\_\_\_ the parent(s) or guardian(s) of child(ren) listed on opposing page authorize the Pastors, ministry staff and volunteers from SVBC to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant(s) named above.

I/we named above, undertake and agree to indemnify and hold blameless SVBC, its ministry staff (and volunteers), its Pastors and Board of Elders from and against any loss, damage or injury suffered by the participant(s) as a result of being part of the activities of the SVBC, 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 events of SVBC.

Initials: \_\_\_\_\_

**Image Release**

I/we permit my child(ren) (if not applicable to all children listed on opposing page please indicate below) to be included in photographs and videos that may be used for display in SVBC, its informational and promotional publications, including websites and newsletters. I/we understand that no reference to my child(ren)'s name will be made alongside such images and that I/we will not receive compensation for the use of these images.

Not including (if applicable) \_\_\_\_\_

Initials: \_\_\_\_\_

**Student Ministries Contacting (for families with Jr. or Sr. High aged children)**

At the beginning of the year (and throughout the year for those joining later) all UTURN STUDENT MINISTRIES students will be assigned to a small group with one or more same-gender small group leader(s). During ministry programs these small group leaders will be encouraged to get to know the students in their small group and to actively engage in knowing them and sharing life with them. Outside of ministry program these small group leaders are encouraged to make contact with students throughout the week and engage with them on a life-on-life level. This contact will primarily take place through non face-to-face contact (phone calls, text messaging, social media, etc...) however it is encouraged that on occasion this takes place face-to-face but only when specific permission is granted.

I/we consent to allowing UTURN STUDENT MINISTRIES small group leaders to contact our child(ren) listed on opposing page via text messaging, email and other social network messaging and chat.

Initials: \_\_\_\_\_

I/we consent to allowing UTURN STUDENT MINISTRIES small group leader to meet with our child(ren) listed on opposing page face-to-face outside of UTURN STUDENT MINISTRIES programs but only when specific permission is granted. Before allowing our child(ren) to meet face-to-face outside of UTURN STUDENT MINISTRIES programs I/we will ensure that I/we are aware of, and have provided, the specific permissions for **each meeting** and provide permanent communication with the UTURN STUDENT MINISTRIES ministry lead. I/we understand that this *Family Registration Form* does NOT provide sufficient consent for face-to-face meetings outside of UTURN STUDENT MINISTRIES programs.

Initials: \_\_\_\_\_

I/we, \_\_\_\_\_, have read, understood and agree with the above and sign to cover all SVBC Children's and Student's Ministry activities for the program year effective as stated below.

**Parent Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ *Effective from date signed through: September 15, 2019*

**Please return completed form to the Church Office as soon as possible. Thank-you.**