

2017-2018 FAMILY REGISTRATION FORM



PURPOSES AND EXTENT

Central Baptist Church is collecting and retaining this personal information for the purpose of enrolling your child(ren) in our programs, and to inform you of program updates and upcoming opportunities at our church. This information will be maintained permanently as is required by our insurance company and legal counsel. If you wish Central Baptist Church to limit the information collected, or to view your child(ren)'s information, please contact us.

Families who regularly attend Central and wish to enroll their children in our programming are required to complete and sign this form annually. Please be sure to read this form carefully and fill out all of the requested information.

SERVICE TIME
9:15 10:15SE 11:15

PARENT / GUARDIAN #1 NAME	PARENT / GUARDIAN #2 NAME	
PHONE NUMBER MOBILE/HOME (PLEASE CIRCLE)	PHONE NUMBER MOBILE/HOME (PLEASE CIRCLE)	
EMAIL	EMAIL	
HOUSEHOLD ADDRESS	CITY	POSTAL CODE

CHILD #1	NAME	M / F	DOB	DD/MM/YY	GRADE	
	ALLERGIES			SCHOOL		
	SPECIAL NEEDS OR BEHAVIOURAL STRATEGIES				IMAGE RELEASE* YES / NO	

CHILD #2	NAME	M / F	DOB	DD/MM/YY	GRADE	
	ALLERGIES			SCHOOL		
	SPECIAL NEEDS OR BEHAVIOURAL STRATEGIES				IMAGE RELEASE* YES / NO	

CHILD #3	NAME	M / F	DOB	DD/MM/YY	GRADE	
	ALLERGIES			SCHOOL		
	SPECIAL NEEDS OR BEHAVIOURAL STRATEGIES				IMAGE RELEASE* YES / NO	

CHILD #4	NAME	M / F	DOB	DD/MM/YY	GRADE	
	ALLERGIES			SCHOOL		
	SPECIAL NEEDS OR BEHAVIOURAL STRATEGIES				IMAGE RELEASE* YES / NO	

→ → → PLEASE TURN OVER → → →

RELEASE AND WAIVERS

I/ we, _____ the parent(s) or guardian(s) of child(ren) listed on opposing page authorize the Pastors, ministry staff and volunteers from Central Baptist Church 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 Central Baptist Church, its ministry staff (and volunteers), its Pastors and Ministry Council from and against any loss, damage or injury suffered by the participant(s) as a result of being part of the activities of the Central Baptist 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 events of the Central Baptist Church.

INITIAL _____

IMAGE RELEASE*

I/we permit our children (indicated on page one) to be included in photographs and videos that may be used for display in Central Baptist Church, 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.

INITIAL _____

PICK UP PROCEDURE

Is there anyone who is NOT authorized to pick up your child? _____

EMERGENCY CONTACT INFORMATION

In case of emergency the parent(s) will be notified first, please list another adult that could be contacted if needed.

NAME

RELATIONSHIP TO CHILD

PHONE NUMBER

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 Central 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 CSM small group leaders to contact our child(ren) via text messaging, email and other social network messaging and chat.

INITIAL _____

STUDENT NAME

STUDENT EMAIL

STUDENT PHONE NUMBER

STUDENT NAME

STUDENT EMAIL

STUDENT PHONE NUMBER

I/we consent to allowing CSM small group leader to meet with our child(ren) listed on opposing page face-to-face outside of CSM programs but only when specific permission is granted. Before allowing our child(ren) to meet face-to-face outside of CSM 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 CSM ministry lead. I/ we understand that this Family Registration Form does NOT provide sufficient consent for face-to-face meetings outside of CSM programs.

INITIAL _____

I/we, _____, have read, understood and agree with the above and sign to cover all Central Baptist Kids' and Student Ministries activities for the program year effective as stated below.

PARENT SIGNATURE _____

PRINTED NAME _____

DATE SIGNED _____

Effective from date signed through: **SEPTEMBER 30, 2018**