



Anglican Network
in Canada

St Peter and St Paul's Anglican Church
Children's Ministry Registration and Consent Form

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of St. Peter & St. Paul's. Any medical information collected here serves to authorize St. Peter & St. Paul's, and its staff and volunteers, to obtain medical assistance in emergencies. Please note, however, that supplying medical information is completely voluntary and will only be required for off-site activities if parents/guardians are not present.

For the school year 2016/2017

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

Child's Name: _____ Date of Birth: _____

Grade Level: _____ School: _____

Address: _____

Phone Number: _____ Parent or Guardian's phone number: _____

Health Care Number: _____

Family Doctor: _____ Phone Number: _____

Allergies: n/a

In case of an emergency, contact: _____

Part of our vision for Jr. Church is that all our children would be able to participate in all aspects of the community. Would you like your child to sign up as a greeter or connect with the Music Ministry? Greeter _____ Music Ministry _____

Add me to the Junior Church email list: _____

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? _____

If yes, please explain:

Is your Child bringing any medication with him/her? _____

If yes, please list.

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 the program leader or one of St. Peter & St. Paul's 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 should I/we not be available or reachable.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, St. Peter & St. Paul's, 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 St. Peter & St. Paul's, as well as of any medical treatment authorized by the supervising individuals representing St. Peter & St. Paul's. This consent and authorization is effective only when participating in or traveling to events sponsored by St. Peter & St. Paul's.

Photos

Please sign below to grant permission for the reasonable use of pictures containing your Child in any or all of the following ways:

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Brochures/Promotional material | <input type="checkbox"/> Website | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> Private Facebook group | <input type="checkbox"/> Videotaping | <input type="checkbox"/> Church |

Purposes and Extent

St. Peter & St. Paul's 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 St. Peter & St. Paul's to limit the information collected, or to view your Child's information, please contact us.

I have read, understood and agree with the above.

Parent/Guardian Signature: _____ Dated: _____

Printed Name: _____

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Child's Name: _____ Grade _____

I, _____ (print name), authorize a St. Peter & St. Paul's volunteer teacher or Ministry leader to return my child from the Jr. Church class to the 10: 30am service in the sanctuary upon completion of Jr. Church each week that my child is in attendance in a Jr. Church class.

Signed: _____

Dated: _____