



## **EBC Nursery Registration Form**

Family Information	Family Last Name: _____
	Address: _____
	City: _____ Postal Code: _____
	Home Ph: _____ Other Phone: _____
	Email: _____
	Mother's First Name: _____ Last: _____
	Father's First Name: _____ Last: _____

Emergency Information	Name: _____ Relationship: _____
	Address: _____
	City: _____ Postal Code: _____
	Home Ph: _____ Other Phone: _____

Child's Information Record	First Name: _____ Last: _____
	Birthdate: Month _____ Day _____ Year _____
	Gender: Male _____ Female _____
	<b>Does your child have any allergies, special needs, or self administered medications?</b>
	_____ No _____ Yes, Please Explain _____ _____ _____ _____

All information gathered will be protected under the privacy provision of the Freedom of Information and Protection of Privacy Act (FOIPP)

General Information	<p>We enjoy taking pictures/ video to help promote our programs and to show others what happens in our Children's Ministry at Ellisboro Baptist Church. To use videos or pictures which include your child(ren) for publicity or promotional purposes we need, and would like, your permission. Promotional material may range from presentations in our church, pamphlets, to public posters, or for use on the church web page. The statement below grants us that permission.</p>
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Release Information	<p>To whom my my child be released:</p> <p>Name: _____</p> <p>Relationship to: _____</p> <p>_____</p> <p>Please note that the person named must be 12 years of age or older in order for us to release your child to them.</p>
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Liability Release: Must be signed by a parent	<p>I give permission to the staf and volenteers of Ellisboro Baptist Church to take photographs and/or audio-video recordings of my child(ren) and for these photos and/or recordings to be used in the future promotion of Ellisboro Baptist Church and my child's activities.</p> <p>_____ (Please Initial)</p> <p>Your Child will be cared for as if he/she were our child. Every precaution is taken for the safety and good health of your child, but in the event of sickness, Ellisboro Baptist Church, its staff, and its volunteers are hereby released for any liability.</p> <p style="text-align: center;"><b><i>I have read and understand the above release and have filled out the above registration</i></b></p> <p>_____</p> <table style="width: 100%; border: none;"> <tr> <td style="border: none; width: 33%;">Parent/Guardian Name (Print)</td> <td style="border: none; width: 33%;">Signature</td> <td style="border: none; width: 33%;">Date</td> </tr> </table>	Parent/Guardian Name (Print)	Signature	Date
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