



Charlie Lake Community Church
Children & Youth Programs Registration Form
2016/2017

Family and Parent/Guardian Information

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Parent/Guardian Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Mailing Address: _____

City: _____ Postal Code: _____

Purposes and Extent:

Charlie Lake Community Church 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 permanently as it is a requirement of our insurance company and legal counsel. If you wish Charlie Lake Community Church to limit the information collected, or to view your child's information, please contact us.

Medical Release

Every precaution is taken for the safety and good health of your child, but in the event of accident or illness, Charlie Lake Community Church, its staff, and its volunteers are hereby released from any liability. In the event that a child requires medical attention, parents/guardians will be notified immediately.

In case of emergency, I/We, the parents or guardians named above, hereby give permission to the ministry staff of Charlie Lake Community Church to give consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment, or procedures for the children listed on page 2 of this form. I/We agree to indemnify and hold blameless the ministry staff, Charlie Lake Community Church, 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 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 Charlie Lake Community Church.

Parent/Guardian (Print)

Parent/Guardian (Signature)

Date (M/D/Y)

**As all of our programs are volunteer run, we encourage parents to get involved where they can.
Please indicate by circling below any area(s) you would be willing to serve in.**

Before Church Childcare

Sunday School

Nursery

Children's Information

Child #1

Full Name: _____ Name Child Goes By: _____

M F Birthday: _____ Age: _____ Grade: _____ School: _____

BC Care Card Number: _____

Medical Concerns/Allergies: _____

Child #2

Full Name: _____ Name Child Goes By: _____

M F Birthday: _____ Age: _____ Grade: _____ School: _____

BC Care Card Number: _____

Medical Concerns/Allergies: _____

Child #3

Full Name: _____ Name Child Goes By: _____

M F Birthday: _____ Age: _____ Grade: _____ School: _____

BC Care Card Number: _____

Medical Concerns/Allergies: _____

Child #4

Full Name: _____ Name Child Goes By: _____

M F Birthday: _____ Age: _____ Grade: _____ School: _____

BC Care Card Number: _____

Medical Concerns/Allergies: _____

Child #5

Full Name: _____ Name Child Goes By: _____

M F Birthday: _____ Age: _____ Grade: _____ School: _____

BC Care Card Number: _____

Medical Concerns/Allergies: _____

Media Release

I give permission for my child(ren), _____
to be: (Please mark clearly, **Yes** or **No**)

_____ photographed during church activities

_____ videotaped during church activities

_____ my child's image may appear **in print** or **online** promoting the church's activities, including on the church's website, promotional brochures, worship presentations, announcement slides, and on the church's Facebook page.

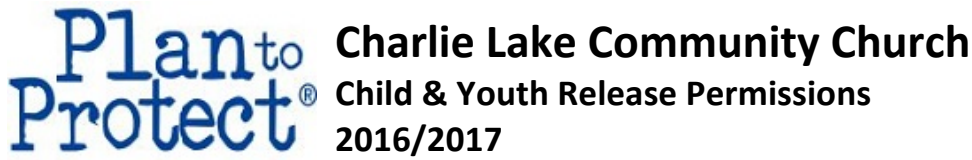
I understand that my child's name will not be used to identify my child. This permission form will be kept on file in the church office. If I would like to withdraw this permission, I may do so at any time.

Parent/Guardian (Print)

Parent/Guardian (Signature)

Date (M/D/Y)

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As a part of our Plan To Protect, only the parent/guardian who signs a child in to a program or activity may sign that child out. However, we understand that occasionally circumstances arise and you find it is necessary to have someone else pick up your child. Please list below any individuals over the age of 16 who are authorized to sign your child(ren) out of our Nursery or Discovery Time programs.

