



Children's Ministry Registration (One form per child)

Name: _____ M/F
Last First

Address: _____ Postal Code: _____

Phone #: _____ Alternate (Day Time)#: _____

E-Mail: _____

Grade (Sept 2017): _____ Age: _____ Birthday: _____

Does your child require the use of corrective lenses? _____

Is your child taking any medication? _____ Please list: _____

Medical #: _____

Check if child is subject to the following:

- Seizures
- Chest Pain
- Asthma
- Heart Disease
- Black-Outs
- Diabetes
- Recurring Headaches
- Allergic to bee/wasp stings
- Other: _____

If special treatment is needed (i.e. Inhalers, Ana kit, etc)

a) where will the needed supplies be? _____

b) is your child able to use this independently? _____

c) and/or how much assistance is necessary? _____

Parent/Guardian: _____ Relationship to Child: _____
(Please Print)

Is there concern you have for your child (medially or otherwise) that we should be aware of? _____

Consent

- I consent to my son/daughter's attendance and participation in the activities of the Children's Ministries at Chilliwack Baptist Church.
- In the event of a medical emergency, I understand that an effort will be made to reach me. However, I authorize the individuals to grant permission for medical or dental treatment during the event that the parent/guardian is unable to provide such consent. I also understand that I am liable and agree to pay for all costs and expenses incurred.
- I release the church (paid and non-paid staff, members, and volunteers) and event-related companies and staff against all losses, claims, suits, and demands, or any liabilities whatsoever arising from injury or death to the child or other persons involved.
- I understand that Chilliwack Baptist Church will collect and securely retain the above information for record-keeping purposes.
- I give permission for my child's picture and/or name to appear, on occasion, on promotional or invitational newsletters, and website affiliated solely with Chilliwack Baptist Church.

Parent/Guardian Signature: _____ Date: _____

Office Use Only

Date Received: _____ Ministry Department: _____

Notes: _____



Child's Release Form

A child will not be released to any individual unless we have your permission. Please list below any person(s) other than yourself, who are authorized to pick up your child.

1. Name: _____ Phone #: _____ Relationship to Child: _____

2. Name: _____ Phone #: _____ Relationship to Child: _____

Chilliwack Baptist Church must be informed in advance (*written*) if there are any persons who are never authorized to pick up your child. Any restrictions in regard to your child's pick-up should be noted and a court order or restraining order should be provided.. Please list below (*eg: Mother has sole custody – father is not to pick up*).

1. Name: _____ Relationship to Child: _____

Please be aware that we do not have the legal authority to deny access of any parent to their child unless a court order or restraining order should indicate this. Children will not be allowed to leave the premises on their own without written permission from the parents or guardian.

I understand and agree with the information indicated above

Date: _____ Signature of Parent/Guardian: _____

Please drop off completed registrations at the welcome desk in the main lobby:

Chilliwack Baptist Church
46336 First Avenue
Chilliwack, B.C.
V2P-1W7
(604) 792-3988
cbckids@chilliwackbaptist.com