

Children's Ministry Registration (One form per child)

Last First Address: Postal Code: Phone #: Alternate (Day Time)#:	• Seizures • Chest Pain	
	following: • Seizures • Chest Pain • Asthma • Heart Disease	
Phone #: Alternate (<i>Day Time</i>)#: E-Mail:	 Seizures Chest Pain Asthma Heart Disease 	
E-Mail:	Heart Disease	
Grade (Sept 2018): Age: Birthday:	• Diabetes	
Does your child require the use of corrective lenses?	• Allergic to bee/wasp stings	
Is your child taking any medication? Please list:	• Other:	
If special treatment is needed (<i>i.e. Inhalers, Ana kit, etc</i>) 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: Relationship to Child: Relationship to Child: Relationship to Child: Please Print) Is there concern you have for your child (medially or otherwise) that we have for your child (medially or otherwise).		
Consent I consent to my son/daughter's attendance and participation in the activities of the In the event of a medical emergency, I understand that an effort will be made to re grant permission for medical or dental treatment during the event that the parent/g 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 claims, suits, and demands, or any liabilities whatsoever arising from injury or dea I understand that Midtown Church will collect and securely retain the above inform I give permission for my child's picture and/or name to appear, on occasion, on praffiliated solely with Midtown Church. Parent/Guardian Signature:	Children's Ministries at Midtown Church. each me. However, I authorize the individuals to uardian is unable to provide such consent. I also related companies and staff against all losses, ath to the child or other persons involved. mation for record-keeping purposes. comotional or invitational newsletters, and website	
Date Received: Ministry Department		
Notes:		

MORE

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:
pick up your child. Any res	trictions in regard to your child'	written) if there are any persons who are never authorized to s pick-up should be noted and a court order or restraining order a custody – father is not to pick up).
1. Name:	Relationsl	nip to Child:
	licate this. Children will not be a	leny access of any parent to their child unless a court order or allowed to leave the premises on their own without written
I understand and agree w	ith the information indicated	above
Date:	Signature of Parent/Gua	rdian:

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

Midtown Church 45635 D Yale Rd Chilliwack, B.C. V2P-2N1 (604) 792-3988 dave@mymidtown.church