

Children & Youth Program Registration Form

Family Information

Parent / Guardian name(s): _____

Address: _____ Postal code: _____

Home Phone: _____ Cell Phone: _____

Family E-mail Address: _____

Participant Information

Child/Youth Name(s)	Birth Date			Age	Current Grade	Nursery? Children's Program? Youth Group?
	Month	Day	Year			

Please identify and specify any medical conditions, considerations or allergies (food, medication, pets) your child(ren) / youth may have.

Does your child / youth use special medication (e.g. an Epi-pen, Asthma Inhaler)? Yes No
If yes, provide medicine name and brief description of location and use

Is there anything else we should know that would assist us in working with your child(ren) / youth?
 Are there any family or personal issues your child(ren) / youth may be working through? (i.e. recent move, medical conditions, divorce, family death). All information is kept confidential and helps leaders and ministers support you and your child(ren) / youth.



Family Name: _____

Emergency Contact

Alternative emergency contact during program time:

Alternate Emergency Contact Name: _____

Phone: _____ Relationship to Child: _____

Parental / Guardian Authorization

Photography Release – I give my permission for Fish Creek United Church to use any photographs, video tapes or audio tapes that may be taken of my child(ren) / youth while attending programs or special events for promotional or educational purposes. I agree that the photos, video footage and/or audiotape may be used without limitation on time or frequency.

Waiver – I acknowledge that Fish Creek United Church and Staff/ Volunteers are not responsible for loss, theft or damage to personal property or any bodily injury suffered by participating, before, during or after the program, unless such injury is the direct and sole result of proven negligence on the part of Fish Creek United Church.

Consent – I hereby give my permission for the Fish Creek United Church Staff / Volunteers to act in my place in the event my child(ren) / youth should need medical care, if I cannot immediately be reached.

Signature of Parent / Guardian: _____ Date: _____

Please initial the line below if:

_____ I would like to receive e-mails from Fish Creek United Church.

_____ I would NOT like to receive e-mails from Fish Creek United Church at this time.

You may opt in or out of e-mails at any time.

Volunteer Opportunities

Volunteers are an essential part of our program! We welcome volunteers throughout the year. If you are interested in more information about volunteering in our children and family programs, please contact speak with Children's Ministry Lead or call into office.

Thank you!!