

Cornerstone Community Church Children & Youth Registration & Consent Form 2019/2020

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Cornerstone Community Church. Any medical information collected here serves to authorize Cornerstone Community Church, and its staff and volunteers, to obtain medical assistance in emergencies.

Child's Name _____ Date of Birth _____ Grade _____

Child's Name _____ Date of Birth _____ Grade _____

Child's Name _____ Date of Birth _____ Grade _____

Child's Name _____ Date of Birth _____ Grade _____

Child's Name _____ Date of Birth _____ Grade _____

Parent Name _____ Phone Number _____

Parent Name _____ Phone Number _____

Parent Email _____

Address _____

Please list the name and phone number of an Emergency Contact other than a parent:

Please list any allergies your child has:

Please list any health concerns your child may have:

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? Yes No

If yes, please explain:

Is your Child bringing any medication with him/her? Yes No

If yes, please list: _____

Cornerstone Community Church | Plan to Protect® Policy

This policy has been adapted from Plan to Protect®, permission granted by Plan to Protect® 2016© for use by
Cornerstone Community Church.

905-468-7155 www.ccchurch.ca P.O. Box 112 1570 Niagara Stone Rd., Virgil, Ont. L0S 1T0

Photo Release

Please sign below to grant permission for the reasonable use of pictures containing your Child in any or all of the following ways:

initial

Internal - Cornerstone Community Church may use my child's name, photographs and/or videos in which he/she may be present, in order to facilitate **internal communication** (e.g. names in church bulletins and PowerPoint slides, contact information in church directories.)

initial

External - Cornerstone Community Church may use photographs and/or videos in which my child may be present in order to enhance **external communication** (e.g. photographs/videos on the church website - Your child's name will never be connected with their photograph.)

The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, Cornerstone Community Church, and its Leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Cornerstone Community Church, as well as of any medical treatment authorized by the supervising individuals representing Cornerstone Community Church. This consent and authorization is effective only when participating in or traveling to events sponsored by Cornerstone Community Church.

Purposes and Extent

Cornerstone 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 organization. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Cornerstone Community Church to limit the information collected, or to view your Child's information, please contact us.

I have read, understood and agree with the above.

Parent / Guardian Signature _____

Printed Name _____ Date _____