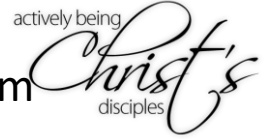




High River Baptist Church

Sunday Morning Children's Ministry Registration Form



2023-2024

page 1 of 2

Parent/Guardian & Household Information

Parent/Guardian #1 Cell Phone
First *Last*

Parent/Guardian #2 Cell Phone
First *Last*

Emergency Contact (Additional to above)
Name *Phone*

Authorized Person for Child Pickup (Additional to above)
Name *Phone*

Email Address(es) to receive Sunday Morning Children's Ministry updates

Mailing Address

Address *City, Province* *Postal Code*

Child Registration (Register all children in Grade 6 or younger)

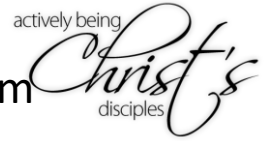
For the Following Ministries: **Toddler Care** (1-2 years), **Kings Kids** (3-5 years),
Junior Church (Grades 1-3), and **Sunday School** (Age 3 – Grade 6)

Child's Name	M/F	Birthday (MM/DD/YY)	Grade	Medical Conditions (Food/Other Allergies, Learning or Behavioural Concerns, Health Issues, Medication)
Toddler Care <input type="checkbox"/> Kings Kids <input type="checkbox"/> Junior Church <input type="checkbox"/> Sunday School <input type="checkbox"/>				
Toddler Care <input type="checkbox"/> Kings Kids <input type="checkbox"/> Junior Church <input type="checkbox"/> Sunday School <input type="checkbox"/>				
Toddler Care <input type="checkbox"/> Kings Kids <input type="checkbox"/> Junior Church <input type="checkbox"/> Sunday School <input type="checkbox"/>				
Toddler Care <input type="checkbox"/> Kings Kids <input type="checkbox"/> Junior Church <input type="checkbox"/> Sunday School <input type="checkbox"/>				

Information collected and retained is confidential. If you wish to limit the collection of information or view your child's information, please contact the church office.



High River Baptist Church Sunday Morning Children's Ministry Registration Form



Permission Form 2023-2024

page 2 of 2

Participation, Medical Treatment, Information Collection, and Liability Waiver

I, the parent or legal guardian, give permission for my child(ren) to attend and participate in activities at High River Baptist Church, to have their attendance recorded for church ministry purposes, and to receive medical treatment if necessary in the event I cannot be reached. I give permission to the staff to secure the services of a licensed physician to provide necessary care, including anesthesia, for my child(ren)'s well-being. I also release and agree to hold harmless High River Baptist Church and all its participants from any and all liability. I assume all risk of injury, damage, or expense as the result of participation in the activities at High River Baptist Church.

- Yes, I, the parent/guardian, have read the above *Participation, Medical Treatment, Information Collection, and Liability Waiver* and agree to it, giving my child(ren) permission to participate.

Permission for Use of Photos of Your Child(ren)

I, the parent or legal guardian, give permission for High River Baptist Church to use photos of my child(ren) taken while participating in activities at High River Baptist Church in its publications including the church's website, social media, video screens, in classrooms, or on bulletin boards. No identifying information will be posted.

- Yes, I, the parent or legal guardian, have read the above *Permission for Use of Photos of Your Child(ren)* and give permission to use photos of my child(ren).
- No, I, the parent or legal guardian, do not give permission to use photos of my child(ren).

Signature of Parent/Guardian

Print Name

Signature

Date

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