**Children’s Ministry Registration Form**

**Peterborough Free Methodist Church – 2023-2024**

(One form per student to be completed for anyone under the age of 18)

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

**Registration Information**

I am registering my child for: (PLEASE SELECT)

 Sunday School Circle of Friends Both

**Biographical Data**

Student’s Name (first & last): M/F:

Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

School: Age: \_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_

**Family Data**

**Student lives with:**

 Both parents Father Mother Other: 

Parent(s)/Guardian(s) Name(s):

Address:

City: Home Phone:

Postal Code: Work Phone:

Cell Phone:

E-mail:

In Case of Emergency Contact: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Custody issues of which we need to be made aware:** (see back of form)

# Secondary address of Student (If the student resides at least partially with another parent or guardian)

Name:

Address:

City: Home Phone:

Postal Code: Work Phone:

Cell Phone:

**Medical Information**

Health Card #: Family Doctor:

Medical conditions / Special needs: No Yes 

Allergies:

**List any Special needs: eg. ADD, ADHD, ASTHMA, EPILEPSY**

|  |
| --- |
|  |
|  |
|  |

**Photos/Videos**

Occasionally pictures and video are taken to capture memories of certain events and to share with the rest of the congregation. Pictures and videos may be used for the purpose of promotional material on the church website and Facebook page, or in our worship services that are live streamed on Youtube. Please indicate your permission below:

 All (Facebook/website/Youtube/church use)

 Church use only

 None

**x**

 (parent/guardian signature) (date)

**Custody orders or issues**

Please list names of persons **NOT AUTHORIZED** to pick up your child. (\*Please Note: All children six and under must be signed in for programs)

|  |  |
| --- | --- |
| First and Last Name | Relationship to student |
|  |  |
|  |  |

I, named below, undertake and agree to indemnify and hold blameless Peterborough Free Methodist Church, its personnel, its Directors and Board from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Peterborough Free Methodist Church, as well as of any medical treatment authorized by the supervising individuals representing the church.

I have read, understood and agree with the above.

**x**

 (parent/guardian signature) (date)

*I/we, the parents or guardians named above, authorize Holly Raymond or her designate to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above in the event of an emergency.*

*While every precaution will be taken to ensure the safety and protection of your child, Peterborough Free Methodist Church, its pastors, representatives and Board of Elders are hereby released from any and all liability in the event of loss, damage, or injury suffered by the participant as a result of being part of the activities of the Peterborough Free Methodist Church.*

**x**

 Name of parent/guardian **(PLEASE PRINT)**

**x**

 (parent/guardian signature) (date)