

Child Registration Form

Please verify and complete the information below and return to the church office.
To view our Privacy Statement, please visit www.carrutherscreek.ca/privacy or request a copy from the office.

What Ministry are you registering your child for?

Family Last Name	<input type="text"/>		
Parents First Names	Street Address	Mailing Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City	<input type="text"/>	Cell Phone	<input type="text"/>
State/Prov	<input type="text"/>	Fax No.	<input type="text"/>
Postal Code	<input type="text"/>	Email Address	<input type="text"/>
Home Phone	<input type="text"/>	Family Church Affiliation	<input type="text"/>

Child Information Section			
First Names	<input type="text"/>	Gender	<input type="text"/>
Middle Name	<input type="text"/>	Birth Day dd/mm/yy	<input type="text"/> / <input type="text"/> / <input type="text"/>
Last Name	<input type="text"/>		
Child's School	<input type="text"/>		
Medical Number	<input type="text"/>		
Family Doctor	<input type="text"/>		
Doctor Phone	<input type="text"/>		

Incase of an emergency with my child, contact the following person, if I am not available.

Name	<input type="text"/>	Relationship to Child	<input type="text"/>	Phone #	<input type="text"/>
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Child Pickup Authorization. The following people have my authorization to pick up this child in my place.

Name	<input type="text"/>	Relationship to Child	<input type="text"/>	Phone #	<input type="text"/>
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Please check here if no authorization is required for pickup.

Name	<input type="text"/>	Relationship to Child	<input type="text"/>	Phone #	<input type="text"/>
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Please check here if no authorization is required for pickup.

Child Allergies	Special Needs
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Date _____ Parent or Guardian Signature **X** _____

PERMISSION AND PARTICIPATION

**For all parents of students enrolled in
Fusion and/or Ignite programs (grade 5 to 12)**

Permission & Participation: I understand not all youth events are held at the church. I give my permission for my son/daughter to participate in events that take place at/away from the church facility.

Yes No

Permission for Pictures & Videos: I give permission for all C4 staff and volunteers to photograph or videotape my child(ren) during church functions, and I give permission to Carruthers Creek Community Church to publish photographs of my child(ren) on the C4 websites or bulletin boards.

Yes No

Waiver for Pictures & Videos: On behalf of myself and my child(ren) I further release all C4 staff and volunteers from any and all claims and damages arising from photos published or posted on the C4 websites and bulletin boards.

Yes No

I hereby confirm the information given in this form (both sides) is current and accurate.

Date / /

Parent / Guardian

Print Name

Signature