

PART 4 — CHILD PERMISSION AND PARTICIPATION

For C4kids programs (newborn to grade 4)

Any special instructions regarding drop-off and pick-up? Yes No

If yes, please explain

Note: for custodial or restraining issues, documents must be provided.

Emergency Contact Name (other than parent/guardian)

Relationship to Child/ren

Phone

For Fusion and/or Ignite programs (grades 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

For all parents/guardians of all children and students

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 is current and accurate.

Date dd /mm /yyyy

Parent / Guardian

Print Name

Signature

If more than 3 children, please complete additional form.

Carruthers Creek Community Church

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Phone 905-686-4450

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Carruthers Creek Community Church

Making fully devoted followers of Jesus Christ



Church Family Information & Registration

Your one-time entry into C4!

So, you have decided to make C4 your church home! Whether you live on your own, or you are married, even with ten children, we are pleased to welcome you!

Completing this Information & Registration Form will:

- ensure the information we hold is accurate and complete
- allow us to communicate with you efficiently in the days to come
- register your children in C4's kids and youth programs.

Please be assured we recognize and respect your right to keep your personal information private. We have made it a top priority to keep any personal information we hold completely secure. To view our full Privacy Statement, visit www.carrutherscreek.ca/privacy.

Parts 1 & 2: for singles and couples!

Parts 3 & 4: for children and/or dependants

PART 1 — HOUSEHOLD INFORMATION

Complete one for each household (or family, etc.)

Family Last Name

Street Address

City Province Postal Code

Home Phone Unlisted Primary Cell Phone Unlisted

Primary Email Address Unlisted

Do you wish to have your family appear in our Church Directory? Yes No

Do you wish to have a mail folder? Yes No *Mail folders used for communication between church office, church family & ministry groups. May not be accessed for commercial purposes.*

PART 2 — HEAD/S OF HOUSEHOLD (or parent/s or guardian/s)

Complete one for each head of household (or parent, guardian etc.)

First Name Middle Name Last Name

Title Mr. Mrs. Ms Miss Dr. Rev. Pastor

*Marital Status Single Married Widowed Separated Divorced Common-Law

*Birth Date /mm /yy Gender Male Female

Attending Regularly Yes No Attending Since Year

Baptized by Immersion Yes No Date of Baptism (if known) /mm /yyyy

Cell Phone Email

Resides at same address listed above Yes No

If not, current address

First Name Middle Name Last Name

Title Mr. Mrs. Ms Miss Dr. Rev. Pastor

*Marital Status Single Married Widowed Separated Divorced Common-Law

*Birth Date /mm /yy Gender Male Female

Attending Regularly Yes No Attending Since Year

Baptized by Immersion Yes No Date of Baptism (if known) /mm /yyyy

Cell Phone Email

Resides at same address listed above Yes No

If not, current address

*Starred items are useful for statistics as they contribute to ministry planning.

PART 3 — CHILD INFORMATION

Please complete one section for each child/dependant

Child #1

First Name Middle Name Last Name

Birth Date /mm /yyyy Gender Male Female

Attending Regularly Yes No Attending Since Year

Baptized by Immersion Yes No Date of Baptism (if known) /mm /yyyy

Cell Phone Email

If under age of 18, please include the following information for the benefit of our kids/youth programs:

Relationship to Head/s of Household Child Foster Child Grand Child Other:

School Attending Grade OHIP #

Family Doctor's Name Phone

Severe Allergies Yes No EPI Pen Yes No

If yes to severe allergies, please explain

Any physical, emotional, mental, or behaviour problems? Yes No If yes, please attach an explanation

Child #2

First Name Middle Name Last Name

Birth Date /mm /yyyy Gender Male Female

Attending Regularly Yes No Attending Since Year

Baptized by Immersion Yes No Date of Baptism (if known) /mm /yyyy

Cell Phone Email

If under age of 18, please include the following information for the benefit of our kids/youth programs:

Relationship to Head/s of Household Child Foster Child Grand Child Other:

School Attending Grade OHIP #

Family Doctor's Name Phone

Severe Allergies Yes No EPI Pen Yes No

If yes to severe allergies, please explain

Any physical, emotional, mental, or behaviour problems? Yes No If yes, please attach an explanation

Child #3

First Name Middle Name Last Name

Birth Date /mm /yyyy Gender Male Female

Attending Regularly Yes No Attending Since Year

Baptized by Immersion Yes No Date of Baptism (if known) /mm /yyyy

Cell Phone Email

If under age of 18, please include the following information for the benefit of our kids/youth programs:

Relationship to Head/s of Household Child Foster Child Grand Child Other:

School Attending Grade OHIP #

Family Doctor's Name Phone

Severe Allergies Yes No EPI Pen Yes No

If yes to severe allergies, please explain

Any physical, emotional, mental, or behaviour problems? Yes No If yes, please attach an explanation