

CHILD REGISTRATION FORM

Child's Name: _____ Date of Birth: _____

Address: _____

Parent(s)/Guardian(s): _____

Home Phone: _____ Cell Phone: _____

Email address: _____

To best meet the needs of all children in our care, please answer the following questions:

Does your child have any severe or life-threatening allergies? (bee stings, food, penicillin, etc.) YES___ NO ___

If yes, please describe: _____

Is your child bringing any medication or medical devices with him / her? YES___ NO ___

If yes, please describe: _____

Does your child have any physical, emotional, mental or behavioral concerns or limitations we should be aware of?

YES___ NO ___ If yes, please explain: _____

Does your child have the support of an Educational Assistant during their school day?

YES___ NO ___ If yes, please explain: _____

Alternate contact (if Parent or Guardian cannot be reached): Home Phone: _____

Name: _____ Cell Phone: _____

I understand that precautions are taken for the safety and health of my child, and in the event of an accident or sickness, I hereby release Calvary Evangelical Missionary Church, its staff and volunteers from any liability.

In the event of a medical emergency, I hereby give permission to Calvary EMC to obtain treatment for my child. CHILD'S OHIP # (including version code): _____

I agree that my child's photo may be taken for Calvary Church Ministry purposes and that his or her name and/or photo may appear on handwork or displays.

I also agree that the information provided above may be recorded in Attendance and Registration Records, which are available only to Children's / Youth Ministries Leaders and the Church Office.

Parent/Guardian Signature: _____ Date: _____

Children's / Youth Ministries - Calvary Evangelical Missionary Church
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