

KIDS REGISTRATION 0-11YRS



Information is being gathered for the purposes of serving your children while in the care of The Gathering and is confidential. Any Medical information collected serves to authorize The Gathering, its volunteers/staff to obtain medical assistance in emergencies.

Children's Info

Family Name: _____
First Name: _____ Age: ___ Grade: ___ Gender: ___ Birth (dd/mm/yyyy) ___ / ___ / ___
First Name: _____ Age: ___ Grade: ___ Gender: ___ Birth (dd/mm/yyyy) ___ / ___ / ___
First Name: _____ Age: ___ Grade: ___ Gender: ___ Birth (dd/mm/yyyy) ___ / ___ / ___
First Name: _____ Age: ___ Grade: ___ Gender: ___ Birth (dd/mm/yyyy) ___ / ___ / ___
Address: _____
City: _____ Postal Code: _____ Home Phone: _____
Work Phone: _____ Cell: _____ Email: _____
Emergency Contact: _____ Phone: _____
Children Live with: Both Parents Mother Father Other _____
Do you regularly attend a church? Yes No If Yes, which one? _____
List name(s) of people who **are authorized** to pick up your children: _____

Medical Info

Family Doctor's Name: _____ Phone Number: _____
Name: _____ Allergies: _____
Name: _____ Allergies: _____
Name: _____ Allergies: _____
Name: _____ Allergies: _____
Children carrying an Epi-pen Name: _____ Name: _____ Name: _____
Do your children have any physical, emotional, mental behavioural concerns, conditions or limitations that our staff should be aware of? No Yes
Name: _____ Info: _____
Name: _____ Info: _____
Name: _____ Info: _____
Name: _____ Info: _____

Parental Consent


The safety of your child is our primary concern. Precautions will be taken for their well-being and protection. In every circumstance, we will do our best to contact you immediately.

I/we, the parents or guardians named below authorize one of The Gathering Ministry staff to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant names above

I/we, named below, undertake and agree to indemnify and hold blameless The Gathering, its pastors, representatives, Board of Elders, Staff, and volunteers from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of The Gathering, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to and from events of The Gathering.

I/we have read understood and agree with the above and sign it to cover all Children's Ministry activities for here on forward. Effective from date signed.

Parent Signature: _____
Printed Name: _____ **Date:** _____

Registration Form is continued on reverse, please complete all sections 

E-mail Consent

One of the best ways for us at The Gathering to communicate with you is via email. The Gathering staff and/or Ministry volunteers will email you about upcoming events, to discuss your child/children, and to pass on information. The Gathering will not disclose your email to anyone without your permission. Please indicate if you would like to receive emails from The Gathering.

- Yes, I **consent** for The Gathering to send me emails.
- No, I **do not consent** for The Gathering to send me emails.

Photos & Videos

I give permission for my children's photos to be taken for church use including but not limited to: administrative use; classroom use; and church promo (which may include Facebook).

- Yes
- No

Signature: _____ **Date:** _____

Snack

Would you like us to give your children a snack? Yes No

Do your children have any dietary restrictions?

Name: _____ Restriction: _____

Name: _____ Restriction: _____

Name: _____ Restriction: _____

Name: _____ Restriction: _____

Do they bring a special Snack? Yes No

Washroom/Daiber

If your child wears a diaper

Please list children who wear diapers: _____

Would you like the staff to change it if needed? Yes No

Would you liked to be paged to change it? Yes No

If your child uses the toilet

Please list names of children that cannot use the toilet on their own : _____

Do any of your children need assistance? No Yes Names: _____

Would you like a staff to help if needed? No Yes

Would you liked to be paged if help is needed? No Yes

Involvement

Partnering with parents at home and church provides opportunities for faith to grow. Parents are an integral part of everything that happens in The Gathering's Children's Ministry

Yes, I am interested in finding out more about serving in Children's Ministry. The best way to contact me is: _____

I am growing / serving in another area.