

Child/Youth Ministry: Registration Form

This Permission Form is effective from September 1, 2018 to September 30, 2019.

MINISTRIES IN WHICH CHILD(REN) IS BEING REGISTERED: (Check all that Apply)		
<input type="checkbox"/> Sunday School	<input type="checkbox"/> AWANA	<input type="checkbox"/> Youth Ministry

CHILD 1 INFORMATION:				
<input type="checkbox"/> Male <input type="checkbox"/> Female				
First Name:	Middle Name:	Last Name:	Birth Date: (dd/mm/yy)	School Grade as of Sept. 2018:
			/ /	_____

Medical History: [If you answer YES to any of the following questions, please complete and attach the MEDICAL CONSENT FORM.]			
Does this child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do we need to be aware of any special considerations?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this child on any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there anything else we need to be aware of?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD 2 INFORMATION:				
<input type="checkbox"/> Male <input type="checkbox"/> Female				
First Name:	Middle Name:	Last Name:	Birth Date: (dd/mm/yy)	School Grade as of Sept. 2018:
			/ /	_____

Medical History: [If you answer YES to any of the following questions, please complete and attach the MEDICAL CONSENT FORM.]			
Does this child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do we need to be aware of any special considerations?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this child on any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there anything else we need to be aware of?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD 3 INFORMATION:				
<input type="checkbox"/> Male <input type="checkbox"/> Female				
First Name:	Middle Name:	Last Name:	Birth Date: (dd/mm/yy)	School Grade as of Sept. 2018:
			/ /	_____

Medical History: [If you answer YES to any of the following questions, please complete and attach the MEDICAL CONSENT FORM.]			
Does this child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do we need to be aware of any special considerations?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this child on any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there anything else we need to be aware of?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD 4 INFORMATION:				
<input type="checkbox"/> Male <input type="checkbox"/> Female				
First Name:	Middle Name:	Last Name:	Birth Date: (dd/mm/yy)	School Grade as of Sept. 2018:
			/ /	_____

Medical History: [If you answer YES to any of the following questions, please complete and attach the MEDICAL CONSENT FORM.]			
Does this child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do we need to be aware of any special considerations?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this child on any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Is there anything else we need to be aware of?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

PARENTS'/GUARDIANS' INFORMATION:		
Father's/Guardian's Name:	Cell Phone:	Email:
	Home Phone:	
Mother's/Guardian's Name:	Cell Phone:	Email:
	Home Phone:	
Address:		

Nightly Registration & Release of Children:	
Do you allow your children ages 7+ to be released on their own [Please Note: Ages 0-6 must be signed in & out by authorized individual(s)] <input type="checkbox"/> Yes <input type="checkbox"/> No	
Besides guardians listed above, list any other authorized individual to take your child(ren) home from the program [Must be 18 years of age or older]:	
Name: _____	Relationship to Child: _____
Name: _____	Relationship to Child: _____
Is there any custodial information that we should be aware of? If so, please describe below or on a separate sheet of paper: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a church home? If not, would you like to be contacted to learn more about Romanian Baptist Church or Lighthouse Bible Church? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Romanian Baptist Church, Toronto <input type="checkbox"/> Lighthouse Bible Church, Don Mills <input type="checkbox"/> Other _____	

EMERGENCY CONTACT INFORMATION: (Name of someone who can be contacted in an emergency if parent cannot be reached) <i>Every effort will be made to contact the parents or guardians before Emergency Contact is called.</i>		
First Name:	Last Name:	Relation to Child:
Cell Phone:	Home Phone:	Email:
EMERGENCY MEDICAL INFORMATION: <i>Every effort will be made to contact the parents or guardians of the child before medical treatment is given.</i>		
Doctor's Name:	Phone Number:	

Permission to Communicate:

A policy is in effect that communication is to be used solely for the dissemination of information. RBCT and LBCDM will need to communicate with the following:

- Adults to inform them about the upcoming programs and activities
- Adults to inform them about issues surrounding the programs or their children
- Underage children who are working in the capacity of staff or volunteer [Youth Program Personnel] about programs and their responsibilities [This communication will only be conducted by group correspondence.]

Please indicate below all of the ways by which you give permission to allow RBCT and LBCDM to communicate with you and Youth Program Personnel:

- Telephone (home / work / cell) Social Media Networks
 Email Text Messages

Permission to Photograph or Videotape:

At various times, children may be photographed or videotaped to allow us to share or promote the events in print or electronically that happen during the programs. As a precaution, children's names will not be published or linked. Please indicate your permission below for the reasonable use of photographs or videotapes (Check all that apply):

- My Child(ren) can be Photographed Videotaped
- The photographs/videotapes can be displayed in the following ways:
 - Church Building Administration / Communication/ Newsletters / Brochures / Promotional
 - Website Limited Video Access on Social Media

Permission to Engage in Activities:

While every precaution is taken for the safety and good health, the children will be participating in some sports and activities that may result in unexpected injury. We (I) understand the minor risks associated with these activities and agree to allow our (my) child(ren) to participate in those activities.

Permission to View Videotapes, DVDs or Online Videos:

We (I) consent to my Child(ren) viewing videotapes, DVDs, or Online Videos that are rated (G) General and/or have been viewed and approved by church leadership. Any material that is shown will be previewed by a leader to check suitability.

Conditions of Enrolment for all Children Ages 0-18:

1. Sunday School Children attend the Worship part of the Service with their families and are directed to their classrooms by Staff at a set time through the door on the left hand side of the pulpit. Staff will ensure safe arrival of children in class and record attendance. By signing below you commit to release your child/children to exit the Worship Service room only by the above procedure and into the care of our Staff. All children who arrive late must be brought to class by their Parents/Guardians.
 - a) Children in GRUPA MICA must be promptly picked up and signed out by Parents/Guardians.
 - b) Children in GRUPA MIJLOCIE or MARE, may be picked up or be allowed to walk to their Parents/Guardians at the end of the Service, as indicated by Parents/Guardians
2. AWANA Children are dropped off at the Romanian Baptist Church of Toronto.
 - a) Children ages 0-6 years must be signed in and out by Parents/Guardians and will only be released to the individual who signed the Child in, unless indicated otherwise when Child is dropped off.
 - b) Children ages 6-18 will be recorded in the attendance sheet by one of the leaders and will be able to return to their Parents/Guardians on their own, unless indicated otherwise.
3. In the event of an accident or sickness, the parent(s)/guardian(s) will be notified immediately or as soon as able.
4. If a child is not cooperating with the expectations put in place for the Children or Youth ministries, the Leader(s) reserve the right to contact a Parent or Guardian and to, if necessary, remove the Child from the activity.

Purposes and Extent of this Document:

In order to meet the insurance and legal requirements for children and youth ministries, the Romanian Baptist Church of Toronto and Lighthouse Bible Church, Don Mills [hereto referred to as RBCT and LBCDM respectively] are gathering the information on this form. The information recorded on this form is collected, retained, and managed by RBCT and LBCDM. The information received is confidential and will be retained indefinitely as it is a requirement of our insurance company and legal counsel.

RBCT and LBCDM are collecting and retaining this personal information for the following purposes:

- to enrol your child(ren) in our programs and assign your child(ren) to the appropriate classes
- to develop and nurture ongoing connection with you and your child(ren)
- to inform you of program updates and upcoming opportunities at our organizations
- to be aware of any medical needs of your child(ren)
- to authorize RBCT and LBCDM, and their staff and volunteers, to obtain medical assistance for your child(ren) in the case of emergencies

This form must be completed at the beginning of each new year of ministry or when a child(ren) enrolls in the ministry. It is the parent's/guardian's responsibility to notify the ministry of any change in information or circumstance. Children whose registration information remains incomplete after three (3) weeks of attendance will be unenrolled in the ministry until the information is completed.

If you wish RBCT and LBCDM to limit the information collected, or you do not want this information to be used for any purpose other than children's programs, please notify us in writing and detail the extent to which this information can be used:

By Email: info.lbcdm@gmail.com

By Mail: 36 Broadlands Blvd, Don Mills, ON, M3A 1J3

Permission to Gather and Retain Medical Information and Consent to Treat:

The safety of your Child(ren) is our primary concern. Precautions will be taken for their well-being and protection. We (I), the Parents or Guardians named below, authorize the RBCT Pastor or the LBCDM Pastor, or one of the Sunday School or AWANA or other Program Personnel to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment, or procedures for the Participant(s) named above when we (I), the parents/guardians, cannot be reached. We (I) further authorize the use of ambulance and/or anesthetic by a qualified medical practitioner if in his/her judgement it is necessary. We (I) accept responsibility for payment of all expenses associated with such treatment.

We (I) undertake and agree to indemnify and hold harmless RBCT and LBCDM personnel, including Pastors and other leaders, volunteers, and agents from and against any loss, damage, or injury suffered by the Participant(s) as a result of being part of the activities of RBCT and LBCDM as well as of any medical treatment authorized by the supervising individuals representing RBCT and LBCDM. This consent and authorization is effective only when participating in or travelling to and from events sponsored by RBCT and LBCDM.

Release of Liability:

In consideration for being accepted by RBCT and LBCDM for participation in our Children and Youth ministries and activities, we (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless Romanian Baptist Church of Toronto and Lighthouse Bible Church, Don Mills and the directors, employees, volunteers, and agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described activity. Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

We (I) are the parents(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him or her to participate fully in the Children and/or Youth ministries and the activities done there, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

We (I) have read, understood, and agree with the above and sign it to cover all Children and Youth program activities for the program year effective as stated below. A separate INFORMED LETTER OF CONSENT will be sent home for off-site activities and activities of elevated risk.

Parents'/Guardians' Signature _____

Date _____

Printed Name _____

* Fill in this form only if you need to make RBCT and LBCDM aware of a child's medical condition.

Medical Consent Form

We (I) understand that this MEDICAL FORM is an appendix to the CHILD/YOUTH MINISTRY REGISTRATION FORM that we (I) have already filled in for my Child(ren) and that by signing this form, We (I) also agree to all the terms and conditions indicated on the registration form. We (I) also agree that my child cannot continue to attend the Children's Ministries at Romanian Baptist Church Toronto and/or Lighthouse Bible Church, Don Mills [hereto referred to as RBCT and LBCDM respectively] unless the registration form is completed and signed.

This information has been collected for the primary purpose of RBCT and LBCDM and serves to authorize RBCT and LBCDM, and their staff and volunteers, to obtain medical assistance in emergencies or provide for the medical needs of the Child(ren). This information will be retained indefinitely as it is the requirement of our insurance company and legal counsel.

CHILD'S INFORMATION:		Health Card # [Optional]:		Version Code:
First Name:	Middle Name:	Last Name:	Birth Date: (dd/mm/yy) / /	Gender: M / F
Medical Information: [Fill in only applicable sections and explain on a separate sheet of paper if more space is required.]				
<input type="checkbox"/> Allergies (Please List)		<input type="checkbox"/> Your child has an EpiPen <input type="checkbox"/> Your child self-administers an EpiPen		
<input type="checkbox"/> Diabetes (Please explain necessary treatment in case of a drop in sugar levels)		<input type="checkbox"/> Your child needs insulin <input type="checkbox"/> Your child self-administers insulin		
<input type="checkbox"/> Required Medication (Please fill in and sign Medication Form if leader needs to give dosage)		<input type="checkbox"/> Your child self-administers medication		
<input type="checkbox"/> Dietary Restrictions (Please list)				
<input type="checkbox"/> Other Physical or Special Needs				
DOCTOR'S INFORMATION:				
Name:			Phone Number:	

We (I) authorize the leader/s in charge of the children and youth ministries and events at Romanian Baptist Church Toronto and/or Lighthouse Bible Church, Don Mills [hereto referred to as RBCT and LBCDM respectively] when we (I) cannot be reached to arrange and sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment, or procedures for my child. We (I) further authorize the use of Ambulance and/or anesthetic by a qualified medical practitioner if in his/her judgement it is necessary. We (I) accept responsibility for payment of all expenses associated with any treatment.

Parents'/Guardians' Signature _____ Date _____

Printed Name _____

