Child/Youth Ministry: Registration Form

**This Permission Form is effective from September 1, 2021 to September 30, 2022.**

This permission form encompasses the following ministries:

* Sunday & Friday Ministry Groups
* Online Ministry Groups

By signing this form, you also allow the Romanian Baptist Church and Lighthouse Bible Church, Don Mills, & New Living Church to run programs both in person and online, and to communicate with your child through online platforms (e.g. Zoom, WhatsApp, Email, etc.). This permission is limited to official church ministry meetings or notifications thereof.

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|  **Child 1 Information:** | Choose an item. |
|  **First Name:**Click here to enter text. | **Middle Name:**Click here to enter text. | **Last Name:**Click here to enter text. | **Birth Date:** Click here to enter a date. | **School Grade as of Sept. 2021:** Choose an item. |
| **Special Concerns:** |
| Are there any **Medical Issues or Accessibility Needs** that we should be aware of (e.g. needed medications, seizures, accessibility needs)? If yes, please describe below. We will provide a **Medical Consent & Medication Form** if requested:Click here to enter text. |
|  **Child 2 Information:** | Choose an item. |
| **First Name:**Click here to enter text. | **Middle Name:**Click here to enter text. | **Last Name:**Click here to enter text. | **Birth Date:** Click here to enter a date. | **School Grade as of Sept. 2021:** Choose an item. |
| **Special Concerns:** |
| Are there any **Medical Issues or Accessibility Needs** that we should be aware of (e.g. needed medications, seizures, accessibility needs)? If yes, please describe below. We will provide a **Medical Consent & Medication Form** if requested:Click here to enter text. |
|  **Child 3 Information:** | Choose an item. |
| **First Name:**Click here to enter text. | **Middle Name:**Click here to enter text. | **Last Name:**Click here to enter text. | **Birth Date:** Click here to enter a date. | **School Grade as of Sept. 2021:** Choose an item. |
| **Special Concerns:** |
| Are there any **Medical Issues or Accessibility Needs** that we should be aware of (e.g. needed medications, seizures, accessibility needs)? If yes, please describe below. We will provide a **Medical Consent & Medication Form** if requested:Click here to enter text. |
|  **Child 4 Information:** | Choose an item. |
| **First Name:**Click here to enter text. | **Middle Name:**Click here to enter text. | **Last Name:**Click here to enter text. | **Birth Date:** Click here to enter a date. | **School Grade as of Sept. 2021:** Choose an item. |
| **Special Concerns:** |
| Are there any **Medical Issues or Accessibility Needs** that we should be aware of (e.g. needed medications, seizures, accessibility needs)? If yes, please describe below. We will provide a **Medical Consent & Medication Form** if requested:Click here to enter text. |

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|  **Parents’/Guardians’ Information:** |
| **Father’s/Guardian’s Name:**Click here to enter text. | **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)] € Yes € NoBesides 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: [ ]  Yes [ ]  No |
| Do you have a church home? If not, would you like to be contacted to learn more about Romanian Baptist Church, Lighthouse Bible Church, or New Living Church? [ ]  Yes [ ]  No [ ]  Romanian Baptist Church, Toronto [ ]  Lighthouse Bible Church, Don Mills [ ]  New Living Church [ ]  Other  |

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| **Emergency Contact Information:** (Name of someone who can be contacted in an emergency if parent cannot be reached)*Every effort will be made to contact the parents or guardians before Emergency Contact is called.* |
|  First Name:  | Last Name:  | Relation to Child:   |
|  Cell Phone:  | Home Phone:  | Email:   |
| **Emergency Medical Information:** *Every effort will be made to contact the parents or guardians of the child before medical treatment is given.* |
|  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. Romanian Baptist Church, Toronto, Lighthouse Bible Church, Don Mills, and New Living Church [hereto referred to as RBCT and LBCDM and NLC respectively] will need to communicate with the following individuals:

* + - * Adults to inform them about the upcoming programs and activities
			* Adults to inform them about issues surrounding the programs or their children
			* Underage children to inform them about upcoming programs and activities. [This communication will only be conducted by group correspondence with knowledge of parents/guardians.]
			* 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 with knowledge of parents/guardians.]

Please indicate below all of the ways by which you give permission to allow RBCT, LBCDM, and NLC to communicate with you and your child(ren):

 [ ]  **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. Children in the Sunday School Ministry 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 this form, 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.
2. Children 0-6 years and younger must be promptly picked up and signed out by Parents/Guardians.
3. Children 7 years and above may be picked up or allowed to walk to their Parents/Guardians at the end of the Service, as indicated by Parents/Guardians
4. Children in the Friday ministry are dropped off at the Romanian Baptist Church of Toronto.
5. 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.
6. 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.
7. In the event of an accident or sickness, the parent(s)/guardian(s) will be notified immediately or as soon as able.
8. All participants and observers are expected to engage respectfully in-person and online with other participants. There is to be no bullying, harassment, or misconduct of any kind.
9. For in-person activities, 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.
10. For online activities, if a participant or observer is not cooperating with the expectations put in place, the Leader(s) reserve the right to remove the individual from the online contact either by muting, disabling video, or disconnecting the individual. If necessary, the Leader(s) will contact the Parent or Guardian.
11. Individuals may be denied access to the in-person or online meetings and activities if their behaviour continues to be unacceptable.
12. In the event of an accident or sickness, the parent(s)/guardian(s) will be notified immediately or as soon as able.

**Purposes and Extent of this Document:**

In order to meet the insurance and legal requirements for children and youth ministries, RBCT, LBCDM, and/or NLC are gathering the information on this form. The information recorded on this form is collected, retained, and managed by RBCT, LBCDM, and NLC. The information received is confidential and will be retained indefinitely as this retainment is a requirement or our insurance company and legal counsel.

RBCT, LBCDM, and NLC 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, LBCDM, NLC, and their staff and volunteers to obtain medical assistance for your child(ren) in the case of emergencies

**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, LBCDM, and/or NLC Pastors, or one of the Sunday or Friday Ministries’ adult 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, LBCDM, and NLC 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, LBCDM, and/or NLC as well as of any medical treatment authorized by the supervising individuals representing RBCT, LBCDM, and/or NLC. This consent and authorization is effective only when participating in or travelling to and from events sponsored by RBCT, LBCDM, and/or NLC.

**Returning and Signing of this Document:**

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.

Parents or Guardians are encouraged to sign the form below; however, it the form is unable to be signed, then returning this form by email is also considered giving consent and permissions requested in this form.

If you wish RBCT, LBCDM, and NLC 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

**Release of Liability:**

In consideration for being accepted by RBCT, LBCDM, and/or NLC 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, Lighthouse Bible Church, Don Mills, New Living Church, 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 that 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 at beginning of form. 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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_