



**Romanian Baptist Church of Toronto Inc.**  
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BN: 86610-2221-RC-0001

## **CHILDREN AND YOUTH MINISTRY REGISTRATION FORM CHILDREN AGES 3 - 18**

This registration form is effective from September 1, 2025 to August 31, 2026.

This registration form encompasses all Romanian Baptist Church of Toronto (RBCT) in-person and online ministry groups for children and youth ages 3 to 18.

By signing this form, you allow your child(ren) and/or youth to attend programs run by the RBCT both in person and online, using platforms such as Zoom, WhatsApp, email, etc.

This permission is limited to official church ministry meetings or notifications thereof.

<b>Child 1 Information:</b>				
First Name:	Middle Name:	Last Name:	Birth Date:	School Grade as of Sept. 2025:
<b>Special Concerns:</b>				
Does the participant have any <b>allergies or medical information</b> we should be aware of? If yes, please describe below:				
We will provide you with the <b>RBCT Administration of Medication Form &amp; Consent for Administration of EpiPen Form</b> if applicable.				
<b>Child 2 Information:</b>				
First Name:	Middle Name:	Last Name:	Birth Date:	School Grade as of Sept. 2025:
<b>Special Concerns:</b>				
Does the participant have any <b>allergies or medical information</b> we should be aware of? If yes, please describe below:				
We will provide you with the <b>RBCT Administration of Medication Form &amp; Consent for Administration of EpiPen Form</b> if applicable.				

Child 3 Information:				
First Name:	Middle Name:	Last Name:	Birth Date:	School Grade as of Sept. 2025:
<b>Special Concerns:</b>  Does the participant have any <b>allergies or medical information</b> we should be aware of? If yes, please describe below:  We will provide you with the <b>RBCT Administration of Medication Form &amp; Consent for Administration of EpiPen Form</b> if applicable.				
Child 4 Information:				
First Name:	Middle Name:	Last Name:	Birth Date:	School Grade as of Sept. 2025:
<b>Special Concerns:</b>  Does the participant have any <b>allergies or medical information</b> we should be aware of? If yes, please describe below:  We will provide you with the <b>RBCT Administration of Medication Form &amp; Consent for Administration of EpiPen Form</b> if applicable.				

Parents / Guardians Information:		
Name (First, Last):	Cell Phone:	Relationship to Child:
	Email:	
Name (First, Last):	Cell Phone:	Relationship to Child:
	Email:	
Address:		

\*Providing your email on this form does not automatically subscribe you to general church communications or newsletters.

## PICK-UP AND SIGN OUT

Do you allow your child(ren) and/or youth ages 10+ to sign out of the program without a parent/guardian or authorized caregiver?

☐ Yes    ☐ No

**Children aged 3 - 10 years old must be signed out by a parent/guardian or authorized caregiver.**

Besides parents/guardians listed above, list all other authorized caregivers who are allowed to sign in/out your child(ren) and/or youth from the program, and take them home. Must be 18 years of age or older.

Name (First, Last):	Cell Phone:	Relationship to Child:
Name (First, Last):	Cell Phone:	Relationship to Child:

**Are there any child custody arrangements that we should be aware of?** If so, please provide necessary details below or on a separate sheet of paper:

☐ Yes    ☐ No

<b>Emergency Contact Information:</b> Every effort will be made to contact the parents or guardians before the Emergency Contact is called.		
Name (First, Last):	Cell Phone:	Relationship to Child:

## COMMUNICATION PROCEDURE

RBCT will communicate with **parents / guardians** through email, where we will provide program updates, information, and general correspondence. For emergencies or urgent matters, we will reach out via phone call or text message to ensure immediate and effective contact.

To ensure the safety and well-being of all participants, communication between RBCT leaders and **underage youth (14-18)** will take place exclusively within a group chat/email monitored by two screened staff members. This protocol ensures that all interactions are transparent and adhere to our commitment to safeguarding the youth in our care.

<b>Please complete the Contact Information for <u>youth participants</u></b>		
Name of Youth (First, Last):	Cell Phone:	Email:
Name of Youth (First, Last):	Cell Phone:	Email:
Name of Youth (First, Last):	Cell Phone:	Email:
Name of Youth (First, Last):	Cell Phone:	Email:

**Opt-Out Option:**

☐ I do not give consent for my youth to participate in the monitored group communication.

**MULTIMEDIA CONSENT**

At various times during ministry, children and youth may be photographed participating in activities. These photos are captured by RBCT teachers / leaders to document memories, celebrate milestones or create keepsakes.

Please be assured that no photographs will be posted on any social networking sites, on our website, or in any newsletters. Additionally, no photos will be labeled with any personal information.

**Opt-Out Option:**

☐ I do not give consent for RBCT personnel to photograph or film my child(ren) and/or youth in any way during activities.

**Live-Streaming Consent for Recital Participation**

RBCT Sunday services, including special programs like Christmas and Easter recitals, may be live-streamed on the RBCT Facebook page or YouTube channel. If your child(ren) or youth participate in these programs, please be aware that they may appear in the live stream. By allowing your child(ren) to participate, you acknowledge and accept this possibility.

**Opt-Out Option:**

☐ I do not give consent for my child(ren) and/or youth to participate in on-stage programs when they are live streamed or recorded.

## **PERMISSION TO ENGAGE IN ACTIVITIES**

While every precaution is taken for the safety and good health, the children/youth will be participating in some sports and activities that may result in unexpected injury. By signing this registration form, we understand the minor risks associated with these activities and agree to allow our child(ren) and/or youth to participate in those activities.

## **PERMISSION TO VIEW VIDEOS**

By signing this registration form, we consent to our child(ren) and/or youth viewing 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**

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. Staff will ensure safe arrival of children in class and record attendance. By signing this form, you commit to release your child(ren) and/or youth to exit the Sanctuary 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 3 - 10 years must be promptly picked up and signed out by parents/guardians.

b) Children 10 + years may be picked up or be allowed to walk to their parents/guardians at the end of the Service (as indicated in the Parents'/Guardians 'Information Section of this document)

2. Children in the Friday Ministry are dropped off at the Romanian Baptist Church of Toronto.

a) Children ages 3-10 years must be signed in and out by parents/guardians and will only be released to individuals indicated in the Parents'/Guardians 'Information Section of this document.

b) Children ages 10 + years recorded on the attendance sheet by Staff and will be able to return to their parents/guardians based on permissions indicated in the Parents'/Guardians 'Information Section of this document.

3. In the event of an accident or sickness, the parents/guardians will be notified as soon as possible.

4. All participants are expected to engage respectfully in-person and online. There is zero tolerance for bullying, harassment, or misconduct of any kind.

5. For in-person activities, if a child is not cooperating with the expectations, Staff reserve the right to contact parents/guardians and if necessary, remove the child from the activity.

6. For online activities, if a child is not cooperating with the expectations, Staff reserve the right to contact parents/guardians and if necessary, mute, disable video, or disconnect the child.

7. Children may be denied access to in-person or online meetings and activities if their behaviour continues to be unacceptable.

## **PURPOSES AND EXTENT OF THIS DOCUMENT**

The information on this form is gathered by RBCT in order to meet the legal and insurance requirements for children and youth ministries. The information recorded on this form is collected, retained, and managed by RBCT. The information received is confidential and will be retained indefinitely.

The information is collected and retained by RBCT for the following purpose:

1. To enroll your child(ren) and/or youth in our programs and assign your child(ren) and/or youth to the appropriate classes
2. To develop and nurture an ongoing connection with you and your child(ren) and/or youth
3. To inform you of program updates and upcoming opportunities
4. To be informed of any medical needs of your child(ren) and/or youth

## **PERMISSION TO GATHER AND RETAIN MEDICAL INFORMATION AND CONSENT TO TREAT**

By signing this form, we authorize RBCT Staff to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment, or procedures for our child(ren) and/or youth if we, the parents/guardians, cannot be reached.

We further authorize the use of ambulance and/or treatment by a qualified medical practitioner. We accept responsibility for payment of all expenses associated with such treatment.

In case of minor accidents First Aid Treatment will be utilized by RBCT staff as per KIT guidelines.

We undertake and agree to indemnify and hold harmless RBCT personnel, including Pastors, Staff, and other leaders, volunteers, and agents from and against any loss, damage, or injury suffered by the child(ren) and/or youth as a result of participating in the activities of RBCT as well as of any medical treatment authorized by the supervising individuals representing RBCT.

This consent and authorization is effective only when participating in or travelling to and from events sponsored by RBCT

## **RETURNING AND SIGNING OF THIS DOCUMENT**

This form must be completed yearly at the start of the program, or when children newly enroll. It is the parents '/guardians 'responsibility to notify RBCT of any change in information or circumstance.

Children whose registration information is incomplete cannot be enrolled.

This form must be completed, signed, and returned to RBCT Staff before your child(ren) and/or youth's first class.

## **RELEASE OF LIABILITY**

In consideration for being accepted by RBCT 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 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.

A separate Informed Letter of Consent will be sent home for off-site activities and activities of elevated risk.

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**Parent / Guardian Name (First, Last)**

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**Parent / Guardian Signature**

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**Date**