

**Rock Mills Fellowship Baptist Church Children/Youth Ministries**

**Elementary Registration Form (Ages 6-11 years on December 31)**

Rock Mills Fellowship Baptist Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, caring for your child's needs while in our programs, and providing a safe ministry environment for both your child and our ministry personnel at Rock Mills Fellowship Baptist Church. This information will be maintained indefinitely.

Parent's Name(s) \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent's Email address \_\_\_\_\_

Child's Name \_\_\_\_\_ Age on December 31<sup>st</sup>:  6-7 yr  8-9yr  10-11yr

**Allergies & Medical Needs:**

Does your child have any allergies?  Yes  No

If yes, please explain: \_\_\_\_\_

Please indicate any other physical, emotional, or behavioural concerns that we should be aware of:

\_\_\_\_\_

**Program Check-in / Dismissal:**

*If you would like to give your child permission to leave unescorted at program dismissal, please indicate your permission below.*

- Yes, my child may leave unescorted, and I understand that I am responsible for my child at that time.
- No, my child should wait to be picked up myself or one of the following individuals:

\_\_\_\_\_

**Photo/Video Consent:**

*Photography and video recording are only to be done by designated ministry personnel. No photographs or recordings will ever be posted on our website or other social networks without further written permission from you.*

I give permission for my child to be photographed or recorded for reasonable, ministry related purposes such as bulletin board decor and ministry presentations:

No  Yes Signature: \_\_\_\_\_

**Liability Release:**

I understand that there is inherent risk of injury and/or sickness in connection with this program. I undertake and agree to indemnify and hold harmless Ministry Personnel, Rock Mills Fellowship Baptist Church, and its leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Rock Mills Fellowship Baptist Church.

**I have read, understood and agree with above and sign it to cover all Children's Ministry activities for the program year effective as stated below.**

Parent's/Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

**Effective from September 20 \_\_ to August 20 \_\_**