



# Registration Form

## First Baptist Church Children's Ministry

All information gathered will be protected under the privacy provision of the *Freedom of Information and Protection of Privacy Act (FOIPP)*

Family Information	Family Last Name: _____ Address: _____ City: _____ Postal Code: _____ Home Ph: _____ Other Phone: _____ Email: _____ Mother's First Name: _____ Last _____ Father's First Name: _____ Last _____
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Emergency Information	Name: _____ Relationship: _____ Address: _____ City: _____ Postal Code: _____ Home Ph: _____ Other Phone: _____
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Child #1	First Name: _____ Last: _____ Birthdate: Month _____ Day _____ Year _____ Gender: Male / Female Does your child have any allergies, special needs, or self administered medications? Yes ___ No ___ Please explain: _____
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Child #2	First Name: _____ Last: _____ Birthdate: Month _____ Day _____ Year _____ Gender: Male / Female Does your child have any allergies, special needs, or self administered medications? Yes ___ No ___ Please explain: _____
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Child #3	First Name: _____ Last: _____ Birthdate: Month _____ Day _____ Year _____ Gender: Male / Female Does your child have any allergies, special needs, or self administered medications? Yes ___ No ___ Please explain: _____
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Child #4	First Name: _____ Last: _____ Birthdate: Month _____ Day _____ Year _____ Gender: Male / Female Does your child have any allergies, special needs, or self administered medications? Yes ___ No ___ Please explain: _____
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Child #5	First Name: _____ Last: _____ Birthdate: Month _____ Day _____ Year _____ Gender: Male / Female Does your child have any allergies, special needs, or self administered medications? Yes ___ No ___ Please explain: _____
Child #6	First Name: _____ Last: _____ Birthdate: Month _____ Day _____ Year _____ Gender: Male / Female Does your child have any allergies, special needs, or self administered medications? Yes ___ No ___ Please explain: _____

General Information	<p>We enjoy taking pictures/video to help promote our programs and to show others what happens in our Children's Ministry at First Baptist Church. To use videos or pictures which include your child(ren) for publicity or promotional purposes we need, and would like, your permission. Promotional material may range from presentations in our church, pamphlets, to public posters, or for use on a church web page. The statement below grants us that permission.</p>
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Additional Information	Please Specify: _____ _____ _____ _____ _____
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Liability Release: Must be signed by a parent	<p>I give permission to the staff and volunteers of First Baptist Church to take photographs and/or audio-video recordings of my child(ren) and for these photos and/or recordings to be used in the future promotion of First Baptist Church and her activities.</p> <p>_____ (Please Initial)</p> <p>"I/we will permit my/our information to be used for the First Baptist Church, Olds phone directory as well as other ministries of FBC."</p> <p>_____ (Please Initial)</p> <p>Your child will be cared for as if he/she were our child. Every precaution is taken for the safety and good health of your child, but in the event of sickness, <b>First Baptist Church, Olds</b>, its staff, and its volunteers are hereby released for any liability.</p> <p><i>I have read and understand the above release and have filled out the above registration.</i></p> <p>_____</p> <p>Parent/Guardian Name (Print)      Signature      Date</p>
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