



## Children's Ministry Registration and Consent Form

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Vineyard Ottawa. Any medical information collected here serves to authorize Vineyard Ottawa, and its staff and volunteers, to obtain medical assistance in emergencies.

**For the school year 20 \_\_ / 20 \_\_**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current age \_\_\_\_\_

Address  
\_\_\_\_\_

Phone Number \_\_\_\_\_ Parents' Work Number \_\_\_\_\_

Health Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

Allergies \_\_\_\_\_

**In case of an emergency, contact** \_\_\_\_\_

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of?

Yes    No

If yes, please explain:

Is your Child bringing any medication with him/her?

Yes  No

If yes, please list.

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The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection.

### Photos

Please sign below to grant permission for the reasonable use of pictures containing your Child in any or all of the following ways:

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Brochures/Promotional material | <input type="checkbox"/> Church      |
| <input type="checkbox"/> Website                        | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> Videotaping                    |                                      |

### Purposes and Extent

Vineyard Ottawa is collecting and retaining this personal information for the purpose of enrolling your Child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your Child, and to inform you of program updates and upcoming opportunities at our organization. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Vineyard Ottawa to limit the information collected, or to view your Child's information, please contact us.

I have read, understood and agree with the above.

Parent Signature \_\_\_\_\_

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