



Unionville Baptist Church

243 Main Street, Unionville, Ontario, L3R 2H2
Phone 905-479-0942 Fax 905-479-6199 unionvillebaptist.ca

2019 VBS STUDENT REGISTRATION CONSENT FORM

PLEASE PRINT

Student Info

Child's Name First: _____ Last: _____

Age (Child MUST be entering SK in September): _____

Gender: Male Female Birthdate MM/DD/YYYY: _____

Food allergies? (appropriate box) YES NO List food allergies below:

Does your Child have any medical physical, emotional, mental, behavioral concerns or limitations that staff should be aware of? (appropriate box) YES NO
Explain concerns: _____

Is your Child bringing any medication with them? (appropriate box) YES NO
If yes, please list.

Health Card Number _____

Family Doctor Name and Phone number _____

Family Info

Parents/Guardian Name(s): _____

Street Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work /Cell Phone: _____

Email: _____

Emergency Contact: _____

Person(s) designated to pick up child

Name of home church if any: _____



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In the case of custody agreements, please include the proper form authorizing Parental contacts.

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

The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection. I/we, the Parents or guardians named below, authorize [program leader] or one of Unionville Baptist Church Program 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 named above.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, Unionville 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 Unionville Baptist Church, as well as of any medical treatment authorized by the supervising individuals representing the Unionville Baptist Church. This consent and authorization is effective only when participating in or traveling to events sponsored by Unionville Baptist Church.

Photos

Please sign below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways: Brochures/Promotional material, Church Website, Newsletters, Videotaping

Purposes and Extent

Unionville Baptist Church 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 Unionville Baptist Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Unionville Baptist Church to limit the information collected, or to view your Child's information, please contact us.

I have read, understand and agree with the above

Parent/Guardian Signature _____

Print Name _____ Date _____