



Ebenezer Christian Reformed Church VBS Registration and Consent Form

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Ebenezer CRC. Any medical information collected here serves to authorize Ebenezer CRC, and its Staff and Volunteers, to obtain medical assistance in emergencies. This form should be completed by the Parent / Caregiver.

Student's Name _____

Date of Birth _____ Last Grade of School completed _____

Allergies _____

Parent's Name(s) _____

Phone Number (Main) _____ Email _____

Mailing Address _____ Postal Code _____

Please list two contacts to be reached in case of emergency during this program time:

Child's Health Card Number _____

Family Doctor _____ Phone Number _____

Church Affiliation _____

How did you hear about us? _____

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 them? Yes No

If yes, please list and explain dosage. _____

The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection. (Please continue on next page...)

Drafted June 2018

Ebenezer Christian Reformed Church | Plan to Protect® Policy

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I/we, the Parents or guardians named below, authorize Ebenezer CRC Vacation Bible School Ministry 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 Ebenezer Ministry Personnel, Ebenezer CRC, 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 Ebenezer CRC, as well as of any medical treatment authorized by the supervising individuals representing Ebenezer CRC. This consent and authorization is effective only when participating in events sponsored by Ebenezer Christian Reformed Church.

Photos

Please sign below to grant permission for the reasonable use of pictures or video containing your child in one or more of the following ways:

- Promotional material (eg. Brochures, Website, Newsletters promoting our Church or VBS program)
- VBS PowerPoint for Ebenezer CRC Church Service
- No use of my child’s image

Purposes and Extent

Ebenezer Christian Reformed 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 Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Ebenezer Christian Reformed Church to limit the information collected, or to view your child’s information, please contact us.

I have read, understood and agree with above and sign it to cover all Vacation Bible School Ministry activities for the program year effective as stated below.

Parent / Guardian Signature _____

Printed Name _____ Date _____

This permission form is effective for our VBS program week, July 16-20, 2018.

In the case of custody agreements, please inform Program Leaders and, if necessary, include the proper form authorizing Parental Contacts.

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