

Ebenezer Christian Reformed Church Sunday School Registration and Consent Form

Child's Name			Date of Birth	
Grade in School	Parent's Name(s)			
Phone Number		_ Email _.		
Address				
Does your Child have any physical, aware of?	emotional, mental, be	havioural □ Yes	concerns or limitations that staff should be	
If yes, please explain:				
ls your Child bringing any medicatio	n with him/her?	☐ Yes	□ No	
If yes, please list:				
of the activities of Ebenezer CRC. sponsored by Ebenezer CRC. Photos	This consent and autho	orization i	s effective only when participating in events	
	on for the reasonable u	se of pict	tures containing your Child in one or more of	
☐ Ebenezer CRC Services (Photos☐ Promotional material (eg. Brochu			nezer Church Services) No use of my child's image	
Purposes and Extent				
enrolling your child in our programs ongoing relationships with you and y at our church. This information is c insurance company and legal couns	s, to assign the studen your child, and to inform onfidential and will be sel. If you wish Ebene	it to the a you of pi maintain zer CRC	his personal information for the purpose of appropriate classes, to develop and nurture rogram updates and upcoming opportunities led indefinitely as it is a requirement of our to limit the information collected, or to view agreements, please include the proper form	
I have read, understood and agree v	with the above.			
Parent Signature				
Printed Name			Date	
	_ 2 4 ~	4		

Drafted September 2019