

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

Child's Name	me Date of Birth	
Allergies		
Parent's Name(s), Phone Number(s), and Email Address(es)		
Mailing Address In case of an emergency, contact		
Does your Child have any physical, emotional, mental, be	havioural con	corps or limitations that sta
should be aware of? If yes, please explain:		
Is your Child bringing any medication with him/her? If yes, please list:	🖵 Yes	🗖 No

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, Ebenezer CRC, and it's 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.

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)

Ebenezer CRC Church Services

□ 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 CRC 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 ______

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