

# North Edmonton Alliance Church

## 2021-2022 NEAC Kids Registration and Consent Form

Toddlers (JAM), Preschool - Grade 1 (The Ark), Grades 2 - 6 (The Bible Pathfinders)

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

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

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Home Phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Alberta Health Care # \_\_\_\_\_

Allergies and/or medical conditions \_\_\_\_\_

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

Relation to Child \_\_\_\_\_ Phone # \_\_\_\_\_

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? ☐ Yes ☐ No

If yes, please explain:

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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.

I/we, the Parents or guardians named below, authorize Rev. Kelsey Lau or a North Edmonton Alliance 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, North Edmonton Alliance 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 North Edmonton Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing North Edmonton Alliance Church. This consent and authorization is effective only when participating in or traveling to events sponsored by North Edmonton Alliance Church.

#### **Photos & Online Permission**

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

- Church
- Website
- Videotaping
- Newsletters
- Brochures/Promotional material
- I authorize my child to use camera and mic for online classes**

Signature \_\_\_\_\_

#### **Purposes and Extent**

North Edmonton Alliance 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 North Edmonton Alliance Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish North Edmonton Alliance Church 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/Guardian Signature \_\_\_\_\_

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