



Be sure to complete both pages of this form and return to a program leader or the church office.

Port Nelson United Church \* 905-637-5631 \*  
office@portnelsonunitedchurch.com

**PORT NELSON UNITED CHURCH**

**CHILDREN & YOUTH REGISTRATION FORM 2018-2019**

FAMILY INFORMATION

Date:

Parent(s) / Guardian(s) Name:		
Street Address:		
City:	Postal Code:	Phone#:
E-mail Address:		
*Complete only if someone OTHER than the parent brings child/ren or youth to Sunday Programs		
*Adult Contact	Phone#	

CHILDREN / YOUTH'S INFORMATION Please include all children on one form.

CHILD'S / YOUTH NAME (first name, last name)	BIRTHDATE Month/day/year	SCHOOL GRADE

We need volunteer help to make our Programs successful. Could your family assist in any of the following areas? (Pls.√) Contact Sharon Holmes or Jay Poitras if you need further details.

[sharonholmes@portnelsonunitedchurch.com](mailto:sharonholmes@portnelsonunitedchurch.com) [jaypoitras@portnelsonunitedchurch.com](mailto:jaypoitras@portnelsonunitedchurch.com)

Adventure Crew - Helper	Mistletoe Mart Helper	
	Special Events helper	
	Music Leadership (singing or instrument)	
	Material Preparation	

*(This section of the form will be used if the child / youth requires health care during church programming)*

PLEASE PRINT CLEARLY

Alternate Emergency Family Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

CHILD'S / YOUTH'S NAME (first name, last name)	HEALTH CARD # (Including version code and expiry date )	KNOWN ALLERGIES, MEDICAL, LEARNING OR DIETARY CONCERNS

(please specify any medical condition that will require monitoring while participating in church programs)

If medications are brought to a church program they must be in the ORIGINAL container, clearly labeled with your name. This includes prescription and over the counter drugs.

**GUARDIANS PERMISSION:**

I declare that (full name/names) \_\_\_\_\_'s health is suitable for church related activities and programs. I permit the staff and volunteers of Port Nelson United Church to engage in on-site medical care as deemed necessary and to use their judgment in determining the extent of immediate medical care required for this child/youth including using the emergency service of a hospital. As well, I agree to not hold staff or volunteers of Port Nelson United Church liable for accidents or misfortune that may occur to the (these) child(ren) / youth (knowing that every reasonable precaution will be taken by staff and/or volunteers to ensure the (these) child(ren) / youth's welfare and safety).

I am also aware that child / youth programs at times take the children and/or youth away from the church premises and I give permission for this(these) child(ren) / youth to participate in off-site programs as directed by Port Nelson United Church staff and/or volunteers.

I also agree that photographs (without name) of this (these) child(ren) / youth may be used in promotional materials of Port Nelson United Church, on the Port Nelson Facebook page and shared with others. Further I agree that this child(ren) / youth's address, telephone number and email address will be added to the church rolls for communication purposes.

Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(or youth signature if over 18)

Guardian's name (please print clearly): \_\_\_\_\_

Guardian's address (including postal code): \_\_\_\_\_