

KIDS Ministry Registration

2022/2023

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Hillside Community Church (referred to as Hillside). Any medical information collected here serves to authorize Hillside, and its staff and volunteers, to obtain medical assistance in emergencies. The safety of your child is of high priority to us and precautions will be taken for their well-being and protection at all times. The data collected for these purposes may be stored at times in servers located in the United States.

This form is required to be filled annually for EACH child by their parent, legal guardian, or caregiver.

Child's Given Name: _____

Preferred Name (if different from given name): _____

Date of Birth (YYYY/MM/DD): _____ / ____ / ____

Gender: Female Male Prefer not to disclose

Present Grade: _____ Current School: _____

Street Address: _____

City: _____ Postal Code: _____

Child's BC Health Card Number : _____

Please list any allergies (e.g., food, medication, plants, insects, etc.) as well as typical reactions to these allergens:

Are **immunizations currently up-to-date**? (i.e., tetanus, hepatitis, etc.) Yes No

Is this child prescribed an EpiPen®, rescue inhaler, or any life-saving device/medication? Yes No

If yes, please list: _____

Please describe any medical conditions and/or chronic illnesses:

Please list any dietary practices or restrictions:

Will this child bring any medication with them? Yes No

If yes, please list:

Does this child have any physical, emotional, mental, and/or behavioural challenges? Yes No

If yes, please explain:

In case of an emergency contact, in this order, the following (parents may be listed here):

Name: _____

Relationship to student: _____ Phone Number: _____

Name: _____

Relationship to student: _____ Phone Number: _____

If your child is younger than Kindergarten age, please list ALL Adults who are permitted to PICK UP your child, include the parents, (parents may be listed here):

Name: _____

Relationship to student: _____ Phone Number: _____

Name: _____

Relationship to student: _____ Phone Number: _____

Name: _____

Relationship to student: _____ Phone Number: _____

Name: _____

Relationship to student: _____ Phone Number: _____

If you would like to receive communication by email from the KIDS Ministry of Hillside Church, please indicate your consent by providing your email. You may change your decision at any time.

Parent or Guardian's Email: _____

Hillside collects and retains this personal information for the purpose of enrolling your child in our programs, assigning the child to the appropriate classes, developing and nurturing ongoing relationships with you and your child, and informing you of program updates and upcoming opportunities at Hillside. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Hillside to limit the information collected or to view your child's information please contact us at 604-936-2313.

Consent and Release:

The information in the registration above is accurate to date as far as I know, and the child herein described has permission to engage in all the activities of Hillside KIDS Ministry except as otherwise noted above.

With regard to privacy, I understand that all KIDS Ministry Personnel (staff and volunteers) abide by a Covenant of Care and Confidentiality policy which limits their use and disclosure of my child's personal data and information. I give permission for Hillside's reasonable use of pictures and videos containing the image of my child in the following ways:

Printed Promotional Material Yes No

Website Yes No

Newsletters and Reports Yes No

Hillside Social Media Platforms ... Yes No

With regard to health, I understand that I must inform Hillside promptly if I become aware that the child described above has come into contact with any communicable diseases in the two weeks surrounding their attendance of any Hillside KIDS activity. I authorize the administration of any first aid treatment and, in the case of a medical emergency, give authorization for Pastoral Staff or one of Hillside's KIDS 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 child named above.

I, the parent or guardian named below, undertake and agree to indemnify and hold harmless program personnel, Hillside, 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 Hillside, as well as of any medical treatment authorized by the supervising individuals representing Hillside.

This consent and authorization is effective only when participating in events sponsored by Hillside. I have read, understood, and agree with the above and sign to cover all Hillside KIDS Ministry activities. I understand the above to include my child's participation in possible off-site activities provided I have given specific prior consent to the KIDS Ministry lead. I understand that a separate **Letter of Informed Consent** will be required for off-site activities which involve elevated risk.

Printed Name: _____

Signature: _____

Date _____