



BETHELCHURCH
WORSHIP | GROW | SHOW

2020-2021 FAMILY REGISTRATION

Purposes and Extent

The Bethel Tabernacle (Bethel Church) is collecting and retaining this personal information for the purpose of enrolling your child(ren) in our programs, and to inform you of program updates and upcoming opportunities at our church. This information will be maintained permanently as it is a requirement of our insurance company and legal counsel. If you wish Bethel Church to limit the information collected, or to view your child(ren)'s information, please contact us.

Families who regularly attend Bethel Church and wish to enroll their children in our programming are required to complete and sign this form yearly. Please be sure to read this form carefully and fill out all the requested information.

Parent/ Guardian #1:	Parent/ Guardian #2:
Phone #1:	Phone #2:
Address:	City:
Postal Code:	
Contact Email:	

Child 1 (Newborn to Grade 5)	NAME:	M <input type="checkbox"/> F <input type="checkbox"/>	BIRTHDATE:	GRADE:
	ALLERGIES:		IMAGE RELEASE*: YES <input type="checkbox"/> NO <input type="checkbox"/>	
	SPECIAL NEEDS OR BEHAVIOURAL STRATEGIES:			

Child 2 (Newborn to Grade 5)	NAME:	M <input type="checkbox"/> F <input type="checkbox"/>	BIRTHDATE:	GRADE:
	ALLERGIES:		IMAGE RELEASE*: YES <input type="checkbox"/> NO <input type="checkbox"/>	
	SPECIAL NEEDS OR BEHAVIOURAL STRATEGIES:			

Child 3 (Newborn to Grade 5)	NAME:	M <input type="checkbox"/> F <input type="checkbox"/>	BIRTHDATE:	GRADE:
	ALLERGIES:		IMAGE RELEASE*: YES <input type="checkbox"/> NO <input type="checkbox"/>	
	SPECIAL NEEDS OR BEHAVIOURAL STRATEGIES:			

Child 4 (Newborn to Grade 5)	NAME:	M <input type="checkbox"/> F <input type="checkbox"/>	BIRTHDATE:	GRADE :
	ALLERGIES:		IMAGE RELEASE*: YES <input type="checkbox"/> NO <input type="checkbox"/>	
	SPECIAL NEEDS OR BEHAVIOURAL STRATEGIES:			

Release and Waivers

I/ we, _____ the parent(s) or guardian(s) of child(ren) listed above authorize the Pastors, ministry staff, and volunteers of Bethel Church to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant(s) named above as necessary after reasonable attempts to contact the parents and/or guardians have been made.

I/we named above, accept the health and safety precautions outlined in the Bethel Kids Handbook regarding the prevention of Covid-19. I/we named above willingly accept that participation may include possible exposure to and illness from infectious diseases including but not limited to COVID-19. I/we named above knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19.

I/we named above, undertake and agree to indemnify and hold blameless Bethel Church, its ministry staff (and volunteers), its Pastors, Board, and Directors from and against any loss, damage or injury suffered by the participant(s) as a result of being part of the activities of Bethel Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of Bethel Church.

Initials: _____

***Image Release**

I/we permit our children to be included in photographs and videos that may be used for display in Bethel Church, its informational and promotional publications, including websites and newsletters. I/we understand that no reference to my child(ren)'s name will be made alongside such images and that I/we will not receive compensation for the use of these images.

Initials: _____

Pick Up Procedure

Is there anyone who is NOT authorized to pick up your child(ren)?

Emergency Contact Information

In case of emergency the parent(s) will be notified first, please list another adult that could be contacted if needed:

Name _____

Relationship to child(ren) _____

Phone # _____

Weekly Newsletter / Email Notifications

Would you like to receive regular email notifications about our Sunday programming and upcoming events?

- Yes
- No

Initials: _____

I/we, _____, have read, understood and agree with the above and sign to cover all Bethel Church children's activities for the program year effective as stated below.

Parent Signature: _____

Printed Name: _____

Date: _____

Effective from date signed through **September 30th, 2021**