



**LORD'S GRACE CHURCH
2020 ONLINE VACATION BIBLE SCHOOL REGISTRATION FORM**

Name of Child	Gender	Date of Birth (M/D/Y)	Age (as of Sept)	Grade (as of Sept)

What other children programs does your child(ren) attend at LGC in 2020?

_____ Children Sunday Programs (*please complete Section I only*)

_____ Awana (*please complete Section I only*)

_____ None (*please skip to Section II to complete the form*)

Section I: for LGC & Awana parents to complete

Home Phone: _____ Cell Phone: _____

Please fill in new address in case of change: _____

Father or Mother's Name: _____ Email: _____

I acknowledge that the **information** and **consent** I gave in the registration forms of LGC Children Sunday Program or Awana also applies, in whole, to the registration in the Summer Kids Camp/VBS.

- I acknowledge that the **consent** I gave in the Letter of Informed Consent for the Use of Video Conferencing also applies, in whole, to allow my child to use their webcam to join into the video conference with video and audio in the Summer Kids Camp/VBS.
- I agree to the recording of the online VBS sessions by LGC, and they will be stored online in accordance to the Plan to Protect requirement, to ensure the safety of your child(ren).
- I agree to **accompany** the child(ren) in the same room during online children programs, to monitor and assist them with VBS teaching materials.

 Parent/Guardian Name Parent/Guardian Signature Date

Section II: for parents whose child has not attended any LGC children programs to complete

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Lord’s Grace Church. Any medical information collected here serves to authorize Lord’s Grace Church, and its staff and volunteers, to obtain medical assistance in emergencies. The safety of your child is our primary concern. Precautions will be taken for their well-being and protection.

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

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Referred By: _____

Father’s Name: _____ Which Church (If Any) Are You Attending? _____

Mother’s Name: _____ Are You A Member Of That Church? Yes No

Sibling’s Attending Other LGC Children’s Program? Yes No

If Yes, Please Specify:

Name: _____ Age: _____

Name: _____ Age: _____

Emergency Contact: (E.G. Parent Or Guardian)

Name: _____ Relationship: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Communication:

I understand that I will be receiving email and/or other online articles about the event.

If you **DO NOT WISH** to receive email and/or other online articles about the event, please mark this box.

Photos

I understand and grant permission for the reasonable use of pictures containing your child in brochures/promotional materials, social media, website, newsletters, videotaping or church.

If you **DO NOT WISH** your child's pictures to be in brochures/promotional materials, social media, website, newsletters, videotaping or church, please mark this box.

Purposes and Extent

Lord's Grace Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the child to the appropriate groups, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our organization. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Lord's Grace Church to limit the information collected, or to view your child's information, please contact us.

Informed Consent on the use of Video Conferencing

In light of the current reality, the Children Department will continue to adhere to all of the Plan to Protect requirements during the use of video conferencing as the medium for children programs, just as we would if we were meeting in person. The safety of your child(ren) is our primary concern. Precautions will be taken for their well-being and protection.

The parents will be given the access information so that they can help the children to join the children programs through video conference. Parents/guardians are **required** to accompany the children during online children programs, to monitor them and deal with unexpected issues.

If you agree with your child(ren) using a webcam to broadcast into the video conference, please check the box below.

- I agree that my child can use their webcam and join into the video conference with video and audio; and I agree NOT to do any recording or take any pictures on the screen during the children programs.
- I agree to accompany the children during online children programs, to monitor them and deal with unexpected issues, as it is required by the Plan to Protect for parents to be with their child(ren) throughout the online sessions.
- I agree to the recording of the online VBS sessions by LGC, and they will be stored online in accordance to the Plan to Protect requirement, to ensure the safety of your child(ren).

I/we voluntarily agree and consent to the participation of my/our child(ren) in the LGC Children Department video conferencing programs. While every precaution is taken for safety and good health, some activities carry with them the inherent risk of personal injury beyond the risks associated with many of the recreational activities at Lord’s Grace Church (LGC). I/we understand that I am exposing my/our child(ren) to inherent risks and hazards. I/we accept all these risks and hazards and agree that by allowing my/our child(ren) to participate in those activities, that I/we will be responsible for any injury or other loss which may occur during my/our child(ren)’s participation of these activities.

I/we, named below, undertake and agree to indemnify and hold blameless LGC, its Personnel, its leaders, its staff, its Board and its volunteers from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of LGC, as well as of any medical treatment authorized by the supervising individuals representing LGC. This consent and authorization is effective only when participating in or traveling to events of LGC.

I have read, understood and agree with the above regarding the use of video conferencing.

Authority to Sign

I represent and warrant that I am a parent or legal guardian of the child named above, and have the full power and authority to enter into this Parental Consent and Release of Liability on behalf of my child. By signing below, I acknowledge that I have read and understand this document, and also represent that all information provided is accurate.

_____ Parent/Guardian Name

_____ Parent/Guardian Signature

_____ Date

FOR OFFICE USE ONLY

Fee for VACATION BIBLE SCHOOL	Regular Fee \$30	FOR OFFICE USE ONLY
		PAID BY:
		CASH <input type="checkbox"/>
		CHEQUE <input type="checkbox"/>
		Cheque #
		DATE:
		RECEIVED BY: