



Registration Form - 2021/2022

Please check: Preschool (ages 3 & 4) Gradeschool (Kindergarten - Grade 5)

Child's FIRST Name: _____

Child's LAST Name: _____

Age: _____ Grade: _____ Birthdate (mon/dd/yy) : _____ / _____ / _____ Gender: M F

Medical Information - Personal Health Care Number: _____

1. Does your child have any severe allergies? (Food, bee stings, etc.)
No Yes If Yes, please explain: _____

2. Is your child bringing any medication with him/her? (EpiPen, Inhaler, etc.)
No Yes If Yes, please explain: _____

(Note that Olivet Kids staff are not responsible for monitoring and ensuring that a child properly takes their medication)

3. Does your child have any physical, emotional, mental or behavioral concerns that we should be aware of?
No Yes If Yes, please explain: _____

4. Is there anything else you feel we should know about your child?
No Yes If Yes, please explain: _____

Parent/Guardian Name(s): _____

Address: _____

Phone: Cell: _____ Home : _____ Other: _____

I consent to receiving emails/Newsletters regarding the Olivet Kids program - Email Address: _____

I also give consent to be added to the Olivet Baptist Church church-wide email list: Yes No

In case of an emergency with my child, if I am not available, please contact the following person:
Name: _____ Relationship to Child: _____ Phone: _____

Child Pickup Authorization - The following person has my permission to pick up my child in my place:
Name: _____ Relationship to Child: _____ Phone: _____

In the case of Custody Agreements - please include the proper form authorizing Parental contacts

(see over)

The safety of your Child is our primary concern. Precautions will be taken for their well-being and protection.

In the very rare event that I/we are not available, I/we, the Parents or guardians named below, authorize the Children's Ministry Coordinator or one of Olivet's 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 child named above.

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, Olivet, 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 Olivet, as well as of any medical treatment authorized by the supervising individuals representing Olivet. This consent and authorization is effective only when participating in events sponsored by Olivet.

Purposes and Extent

Olivet 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 Olivet. If you wish Olivet 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: _____ **Date:** _____

Printed Name _____

Photo Disclosure and Permission

Your signature also grants permission for the reasonable use of pictures containing your Child in any or all of the following ways:

- Brochures/Promotional material
- Website
- Videotaping
- Newsletters

I have read, understood and agree with the above.

Parent/ Guardian Signature: _____ **Date:** _____

Printed Name _____

The information contained on this form will be kept confidential and will only be used to ensure the safety of your child and to administer the Olivet Kids program. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel.

(see over)