

Community Church Children's Ministry Information & Consent Form

Valid through August 2024

Please complete one form per family and return to: Community Church · N6717 Streblow Drive · Fond du Lac, WI 54937
We understand the following information is private and will share it with staff and Children's Ministry volunteers on a "need to know" basis only.

Child/ren Information (Please list all children in the family from Birth--5th Grade)

First Name	Last Name	Gender	Birthdate	Age	Grade	School	Allergies	Medications	Other Health Info

If your child/ren have any medical conditions or concerns, please explain in detail here:

If your child/ren have any learning or behavioral special needs, please explain in detail here:

If there are any special family, custody, or other situations we should be aware of, please explain in detail here:

Parent/Guardian Information

First Name	Last Name	Relationship to Child/ren	Cell Number	Do we have permission to text you at this number?	Email Address	Children's Ministry is a team effort! In what way(s) would you like to volunteer to help out? Thanks!!!						
						Nursery 9am	Pre-school 9am	Elementary 9am	Greater 9am	Childcare 10:45	Special Events	Behind-the-Scenes

If another adult will primarily be bringing the child to church on Sundays (like a grandparent, for example) please fill contact info for that person below **IN ADDITION** to the parent/guardian info above

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Please direct any questions or concerns to Amanda Cords, Children's Ministry Director: acords@ccfdl.org · 920.922.1477

* * * **FLIP FORM OVER TO COMPLETE BACK SIDE** * * *

Family Information

(Complete information must be provided, please!)

Home Address: _____

City and Zip Code: _____ Home Phone: _____

Family Doctor: _____ Doctor's Phone: _____

Medical Insurance Company: _____

Name of the Insured: _____ Policy/ID #: _____ Group #: _____

Emergency contact if parent/guardian cannot be reached—Name & Number: _____

Photo Release: Please choose **(ONE)** of the three options and **initial next to your choice:** (*children will always be identified by first name only*)

1) I give Community Church Children's Ministry permission to use photographs taken of my child/ren for arts & crafts projects as well as for promotional purposes, such as bulletin boards/posters... for use **ONLY INSIDE the church:** _____

2) I give Community Church permission to post photos of my child/ren **BOTH INSIDE the church AND on our website or Facebook page:** _____

3) **I do not want ANY photos taken** of my child/ren: _____

Consent: I, being the parent or legal guardian of the child/ren named above, do consent to their participation in all of the scheduled activities of *Community Church, Fond du Lac, WI*. This includes field trips, transportation, and any other activities customarily associated with a church group. I certify that the child/ren are physically fit to participate in such activities, except as noted above.

Medical Treatment Authorization: I understand that I will be notified in the event of a medical emergency including any of the above named children. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that any of my children become injured or ill. I understand that *Community Church, Fond du Lac, WI* will not be responsible for medical expenses incurred, and that such expenses will be my responsibility as parent/guardian. I specifically consent to allowing my child/ren to be transported to receive emergency care and to be responsible for all financial charges for such emergency care. I agree to notify the church in the event of health changes which would restrict my child/ren's participation in any normal activities. I also understand that the adult supervisors reserve the right to restrict my child/ren from any activity that they do not feel is within the physical capabilities of my child/ren. (This authorization applies to all children listed on this form.)

Agreement: I release and promise to indemnify, defend, and hold harmless *Community Church, Fond du Lac, WI*, its leaders, staff, and volunteers from any and all injury or loss resulting directly or indirectly from the activities and programs of *Community Church, Fond du Lac, WI*.

Parent/Legal Guardian Signature: _____ // _____ Date: _____

(Please provide both, if there are two)

(Please print name here)

Parent/Legal Guardian Signature: _____ // _____ Date: _____

(Please print name here)

A photocopy of this document has the same force and effect as the original.



For office use only: Database Entry _____ Groups assigned _____ Nametags/Sleeves _____ Add to Attendance/Allergy Papers _____ Welcome Email Sent _____