



Ebenezer Christian Reformed Church Sunday School Registration and Consent Form

Child's Name _____ Date of Birth _____

Grade in School _____ Parent's Name(s) _____

Phone Number _____ Email _____

Address _____

Allergies _____

In case of an emergency during Sunday School, contact _____

Does your Child have any physical, emotional, mental, behavioural concerns or limitations that staff should be aware of? Yes No

If yes, please explain: _____

Is your Child bringing any medication with him/her? Yes No

If yes, please list: _____

I/we, named below, undertake and agree to indemnify and hold harmless Program Personnel, Ebenezer CRC, and it's Leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Ebenezer CRC. This consent and authorization is effective only when participating in events sponsored by Ebenezer CRC.

Photos

Please sign below to grant permission for the reasonable use of pictures containing your Child in one or more of the following ways:

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Ebenezer CRC Services | <input type="checkbox"/> Website | <input type="checkbox"/> Brochures/Promotional material |
| <input type="checkbox"/> Newsletters | <input type="checkbox"/> Videotaping | <input type="checkbox"/> No use of my child's image |

Purposes and Extent

Ebenezer Christian Reformed Church 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 our church. This information is confidential and will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Ebenezer CRC to limit the information collected, or to view your Child's information, please contact us. In the case of custody agreements, please include the proper form authorizing Parental contacts.

I have read, understood and agree with the above.

Parent Signature _____

Printed Name _____ Date _____

Drafted September 2023

Ebenezer Christian Reformed Church | Plan to Protect® Policy

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