Children's Church Program – The Cloak of Kindness Squad
Hosted by St. Martin-in-the-Fields Anglican Church

Please complete all sections. One form per child.

1. Participant Information

Child's Full Name: _____

Nickname (if any): _____

Date of Birth (DD/MM/YYYY): ____ / ____ / _____

Grade Level: _____

School Attending: _____

Gender: □ Male □ Female □ Other: _____

2. Parent/Guardian Contact Information

Primary Parent/Guardian

Full Name: _____

Relationship to Child: _____

Phone Number (Primary): _____

Phone Number (Alternate): _____

Email Address: _____

Home Address: _____

□ **This person may pick up my child.**

Secondary Parent/Guardian

Full Name: _____

Relationship to Child: _____

Phone Number (Primary): _____

Phone Number (Alternate): _____

Email Address: _____

☐ **This person may pick up my child.**

3. Emergency Contacts

*Two emergency contacts are **required** and must be different from the parents/guardians listed above.*

Emergency Contact 1

Full Name: _____

Relationship to Child: _____

Phone Number: _____

☐ **This person may pick up my child.**

Emergency Contact 2

Full Name: _____

Relationship to Child: _____

Phone Number: _____

☐ **This person may pick up my child.**

4. Authorized Pickup (Additional Persons)

*If there are **other individuals** authorized to pick up your child, please list them below.*

Full Name	*Relationship to Child*	*Phone Number*

5. Medical Information

Allergies:
□ None
□ Yes Please list: _____

Medical Conditions or Special Needs:

Medications Taken Regularly:

Health Card Number (Required):

Family Physician's Name: _____

Physician's Phone Number: _____

6. Permissions & Emergency Authorization

Please read and check each box:

□ I give permission for my child to participate fully in **The Cloak of Kindness Squad** at St. Martin-in-the-Fields.

□ In the event of a medical emergency, I authorize the staff or volunteers of St. Martin-in-the-Fields to obtain emergency medical care for my child.

□ I release St. Martin-in-the-Fields, its staff, and volunteers from liability in the event of injury or illness during program participation.

7. Parent/Guardian Authorization

Parent/Guardian Name (Printed): _____

Signature: _____

Date (DD/MM/YYYY): ____ / ____ / _____

Office Use Only (Leave Blank)

Registration Received: □ Yes □ No

Notes: _____