PENTICTON ALLIANCE CHURCH
Children & Family MINISTRIES

Penticton Alliance Church
Registration Form 2026-2027
Nursery (Birth) to Grade 6
Children & Family Ministries

PAC Kids — Jesus is the light of the world. John 8:12

Section 1: Family Information (Please Print) Key Tag #_____

Child/Children's Family Last Name: _____

Phone (home) _____

Address _____ City _____ Postal Code _____

Who will be attending PAC with the child/children on Sundays?

Primary Parent/Guardian: First Name _____ Last Name _____

Email _____

Phone (cell) _____

Relationship to child/children: Father ☐ Mother ☐ Other (please specify) _____

Spouse Parent/Guardian: First Name _____ Last Name _____

Email _____

Phone (cell) _____

Relationship to child/children: Father ☐ Mother ☐ Other (please specify) _____

Pickup Authorization: *Please note that your child/children must be signed in and out by you the parent or guardian.*
Please indicate if someone other than yourself will be signing out your child/children:

_____

Section 2: Video/Photograph Authorization/Medical Release Form

I/We give permission for videos/photographs to be taken of my child/children during their participation in the Penticton Alliance Church activities. I release the videos/photographs of my child in the event of use for promotional materials for PAC in the building and on the website.

Yes ☐ No ☐

I/We, the parents or guardians named above, authorize *the ministry staff of Penticton Alliance Church to a sign a consent for medical treatment and authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above. I/We, named above, undertake and agree to indemnify and hold blameless the ministry staff, Penticton Alliance Church, its pastor(s) and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Penticton Alliance Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in events of Penticton Alliance Church.*

Parent/Guardian's Signature _____ **Date** _____

Please complete each child's individual information (Section 3) on the reverse of this form.

Section 3: Child Information

2026-2027

1st Child's First Name: _____ Last _____ D.O.B. _____/ _____/ _____
Year Month Day

Allergies or other special needs:

_____ **Nursery***: Baby/Toddler:___ Age 2 ___

_____ **Preschool**: Age 3 ___ Age 4 ___ Age 5 ___

_____ **Elementary:** Grade 1 ___ Grade 2 ___ Grade 3___ Grade 4___ ***Route*** 56 ___

2nd Child's First Name: _____ Last _____ D.O.B. _____/ _____/ _____
Year Month Day

Allergies or other special needs:

_____ **Nursery***: Baby/Toddler:___ Age 2 ___

_____ **Preschool**: Age 3 ___ Age 4 ___ Age 5 ___

_____ **Elementary:** Grade 1 ___ Grade 2 ___ Grade 3___ Grade 4___ ***Route*** 56 ___

3rd Child's First Name: _____ Last _____ D.O.B. _____/ _____/ _____
Year Month Day

Allergies or other special needs:

_____ **Nursery***: Baby/Toddler:___ Age 2 ___

_____ **Preschool**: Age 3 ___ Age 4 ___ Age 5 ___

_____ **Elementary:** Grade 1 ___ Grade 2 ___ Grade 3___ Grade 4___ ***Route*** 56 ___

4th Child's First Name: _____ Last _____ D.O.B. _____/ _____/ _____
Year Month Day

Allergies or other special needs:

_____ **Nursery***: Baby/Toddler:___ Age 2 ___

_____ **Preschool**: Age 3 ___ Age 4 ___ Age 5 ___

_____ **Elementary:** Grade 1 ___ Grade 2 ___ Grade 3___ Grade 4___ ***Route*** 56 ___

5th Child's First Name: _____ Last _____ D.O.B. _____/ _____/ _____
Year Month Day

Allergies or other special needs:

_____ **Nursery***: Baby/Toddler:___ Age 2 ___

_____ **Preschool**: Age 3 ___ Age 4 ___ Age 5 ___

_____ **Elementary:** Grade 1 ___ Grade 2 ___ Grade 3___ Grade 4___ ***Route*** 56 ___

6th Child's First Name: _____ Last _____ D.O.B. _____/ _____/ _____
Year Month Day

Allergies or other special needs:

_____ **Nursery***: Baby/Toddler:___ Age 2 ___

_____ **Preschool**: Age 3 ___ Age 4 ___ Age 5 ___

_____ **Elementary:** Grade 1 ___ Grade 2 ___ Grade 3___ Grade 4___ ***Route*** 56 ___

Please complete ALL sections of this form. The information collected is required in order to provide a secure environment for your children while in the care of Penticiton Alliance Church. The information will be used only by Penticton Alliance Church Staff and approved workers for appropriate ministry to your child. The information that you provide is kept in a secure location.

I have read, understood, and completed all sections of this form.

Parent/Guardian's Signature _____ **Date** _____