MILLARVILLE COMMUNITY CHURCH

PLAN TO PROTECT

Christian Education Registration Form

Family Information_____ _____
Last Name Parent/Guardian Name(s)

Address_____

_____

Phone _____ _____ _____
Home Work Email

Child #1 _____
Age_____Grade_____
Allergies_____
Special Needs_____

Child #2 _____
Age_____Grade_____
Allergies_____
Special Needs_____

Child #3 _____
Age_____Grade _____
Allergies_____
Special Needs_____

Child #4 _____
Age_____Grade _____
Allergies_____
Special Needs_____

Additional care information

_____
_____
_____
_____
_____
_____
_____
_____

* Are you able to volunteer?

occasional Sunday school teacher Yes/No

Emergency Back-up teacher Yes/No

*All volunteers will be asked to Complete a Police Security Check Prior to Working with children or youth at MCC.

Thank you for your Cooperation!

I/We_____ the parent(s) or guardian(s) of the Child/children of the above, release Millarville Community Church from unforeseen and accidental injury while participating in any church program.

Signature: _____ Date: _____

MILLARVILLE COMMUNITY CHURCH

PLAN TO PROTECT

Millarville Community Church wishes to use photographs and/or video of your child/children in the MCC website, social media (Facebook, YouTube), printed materials of MCC, and in slideshows presented in the MCC building.

Conditions of use:

1. This form is valid for four years. We may apply to you to extend your permission after this time.
2. NO names will be used in audio or text.
3. NO other personal details will be used (personal details such as place of residence, school, telephone numbers or addresses) in any of our

NAME (First, Last)	CHILD NAME(S)	PLEASE CHECK THOSE YOU PERMIT:	SIGNATURE
		☐ MCC WEBSITE ☐ SOCIAL MEDIA ☐ PRINTED MATERIALS ☐ VIMEO/YOUTUBE ☐ SLIDESHOWS IN MCC	DATE:
		☐ MCC WEBSITE ☐ SOCIAL MEDIA ☐ PRINTED MATERIALS ☐ VIMEO/YOUTUBE ☐ SLIDESHOWS IN MCC	DATE:
		☐ MCC WEBSITE ☐ SOCIAL MEDIA ☐ PRINTED MATERIALS ☐ VIMEO/YOUTUBE ☐ SLIDESHOWS IN MCC	DATE:
		☐ MCC WEBSITE ☐ SOCIAL MEDIA ☐ PRINTED MATERIALS ☐ VIMEO/YOUTUBE ☐ SLIDESHOWS IN MCC	DATE:
		☐ MCC WEBSITE ☐ SOCIAL MEDIA ☐ PRINTED MATERIALS ☐ VIMEO/YOUTUBE ☐ SLIDESHOWS IN MCC	DATE:
		☐ MCC WEBSITE ☐ SOCIAL MEDIA ☐ PRINTED MATERIALS ☐ VIMEO/YOUTUBE ☐ SLIDESHOWS IN MCC	DATE:

MILLARVILLE COMMUNITY CHURCH

PLAN TO PROTECT

Authorization and Medical Consent Form

Child or Youth's name_____. D.O.B._____

Address _____

Phone number _____Parent's Work number_____

A.H.C. number_____Parent's Home number_____

Family doctor _____ Phone number_____

Allergies _____

Does your child have any physical, emotional or mental behavioral concerns or limitations that our staff should be aware of? Yes____ No____

If yes, please explain in writing or talk to our staff _____

_____

If your child is bringing any medication with him/her, please list: _____

_____

Parents'/Guardian's name_____

In case of emergency, contact (name and number) _____

I/We, the parents or guardians of _____authorize Millarville Community Church staff to sign consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above. I/we, named above, agree to indemnify and hold blameless Millarville Community Church, its staff and representatives from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Millarville Community Church, as well as any medical treatment authorized by the supervising individuals, representing the church. This consent and authorization is effective only when participating in or traveling to and from events of the Millarville Community Church. In the case of custody agreements, please include the proper form authorizing parental contacts. Information received is confidential unless required by first responders and/or medical professionals.

Parent/ Guardian's signature_____

Printed name _____Date_____