## **RCCG Place of Rest, Fort Saskatchewan**

## Children Registration Form

This registration form is to be completed by all parents of children attending the RCCG Place of Rest Parish Fort Saskatchewan. Its purpose is to assist the church provide a safe and secure environment for children who participate in our programs or under our care.

Your filing out this form will enable us: Officially add your child to the Children Church database; Inform our teachers about specific health concerns; and Keep you updated on special events that are about to take place.

Child's First Name:	Child's Last Name:	
DOB:	Gender: Male	Female
Home Address:		
City:	Post Code:	Province:
Postal Address:		
City:	Post Code:	Province:
Parent/Guardian First Name: _		Parent/Guardian Last Name:
Contact Address:		
	Post Code:	
Postal Address:		
Phone: (Home)	Phone: (Mobile)	Phone: (Business)
Email Address:		
s this child a cause of any lega	l dispute Yes No	
Does your child/ward have any	y allergy or health concerns? Ye	s No
Do we have your permission to	o contact/call your child on their b	pirthdays, or absence from church?
Yes No		
Do we have your permission to use your child's pictures, craft, paintings, songs and any other material produced through the RCCG Children Ministry, in the church's publication, website, and any other way the church sees fit. Yes No		