



# BROADWAY

GROWING DEEPER REACHING WIDER

## Registration form for Children's Ministries – 2019/2020 School Year

Ages 0-11 (Nursery to Grade 5)

We are here for families! While having fun and making new friends, we will also learn some amazing Bible stories and will build on the foundation of our faith through creative teaching on an age appropriate level. We strive for excellence, while keeping our children safe and well looked after.

Please complete this form in full before leaving your child(ren) with us, and return it to a designated worker or the children's Pastor. Thank you!

### Family Information

Mother / Guardian name: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Father / Guardian name: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Address (Street #, City, Postal Code): \_\_\_\_\_

Home Phone number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

### Children's Information

|            | 1 <sup>st</sup> Child | 2 <sup>nd</sup> Child | 3 <sup>rd</sup> Child |
|------------|-----------------------|-----------------------|-----------------------|
| First Name |                       |                       |                       |
| Last Name  |                       |                       |                       |
| Birthdate  |                       |                       |                       |
| Grade      |                       |                       |                       |
| Gender     |                       |                       |                       |

**Medical Information**

|                                     | 1 <sup>st</sup> Child | 2 <sup>nd</sup> Child | 3 <sup>rd</sup> Child |
|-------------------------------------|-----------------------|-----------------------|-----------------------|
| Allergies (please indicate epi-pen) |                       |                       |                       |
| Medical Conditions (ex. Asthma)     |                       |                       |                       |
| Health Card #                       |                       |                       |                       |

Family Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*If your child has an allergy or any other important medical information worth addressing, please note that the parent/guardian who is signing the child in is responsible to make sure that the child has an allergy wristband with the allergy/note written on it an initialed by a designated leader.

\*\*If your child requires lifesaving medication (such as an epi-pen or asthma puffers) separate notes will need to be made.

**Special Instructions**

Is there any other important information about your child(ren) that our volunteers should be made aware of, including physical limitations, behavioral concerns (Ex. ADHD), or custody arrangements? Please be sure to speak with the children's Pastor if you have any questions.

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**In house media authorization**

- Yes, I agree to let my child(ren) be photographed for internal promotional purposes within Broadway Church.
- No, I do not agree to let my child(ren) be photographed for internal promotional purposes within Broadway Church.

**Consent of participation**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_