



# Children's Ministry Registration Form

Welcome to Living Hope Church! Please note that all information is kept confidential and is used only to serve your child the best we can.

Parent/Guardian names(s): \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Emergency Contact Information (Other than parents/Guardians)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

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**Child #1** Name \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First/Middle/Last Day Month Year

Grade: \_\_\_\_\_ Personal Health Number \_\_\_\_\_  M  F

Allergies: \_\_\_\_\_

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Medical and/or behavioral concerns that affect your child and/or the children around them: \_\_\_\_\_

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**Child #2** Name \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First/Middle/Last Day Month Year

Grade: \_\_\_\_\_ Personal Health Number \_\_\_\_\_  M  F

Allergies: \_\_\_\_\_



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Medical and/or behavioral concerns that affect your child and/or the children around them: \_\_\_\_\_

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Child #3 Name \_\_\_\_\_ Birthday: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
First/Middle/Last Day Month Year

Grade: \_\_\_\_\_ Personal Health Number \_\_\_\_\_  M  F

Allergies: \_\_\_\_\_

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Medical and/or behavioral concerns that affect your child and/or the children around them: \_\_\_\_\_

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I consent to use of photographs and videos of my child/children by Living Hope Church  Yes  No

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- I hereby authorize Living Hope Church Kelowna to provide supervision and care for all children registered above.
- I understand that reasonable safety precautions will be taken.
- I understand that medical treatment will be administered in case of an emergency.
- I understand that my child has voluntarily chosen to participate in all activities including but not limited to, singing, biblical teachings, and crafts.
- I understand that my child will be asked to discontinue participating should he/she disregard expected behavior guidelines.

Signed \_\_\_\_\_ Date \_\_\_\_\_

- I understand that my child will be subjected to biblical based discipline, played out by Plan To Protect's five R's, and may be restrained if in danger to themselves or others.
- Reward \_\_ Positive behaviour
- Remind \_\_ them what is acceptable
- Redirect \_\_ to a different activity
- Remove \_\_ distraction or child
- Return \_\_ the child to their parents

Signed \_\_\_\_\_ Date \_\_\_\_\_