

EFC Children Sunday School Registration & Waiver Form

Purposes and Extent

SCCEFC is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish SCCEFC to limit the information collected, or to view your child's information, please contact us. SCCEFC is compliant with Plan to Protect (PtP) Guidelines and all information collected is in accordance with the provisions set out in the Alberta Personal Information Protection Act.

Student Name:	Date of Birth:			
Address:	Postal Code:			
Grade as of last September:	Health Card Number:			
Allergies:				
Does your child have any physical concerns or limitations that our sta			□ Yes □ No	
PARENT/GUARDIAN INFORMAT Parents/Guardian Names:	ION:			
		_		
		_		
Relationship to Child				
Relationship to Child				
Relationship to Child		English or	Mandarin	
Relationship to Child Parents will be attending worship s	service in Cantonese,	English or	Mandarin	

(In the case of custody agreements, please include the proper form authorizing parental contacts.)

I/We, the Parents or Guardians named above:

Signature:

- authorize the above named Student to participate SCCEFC ministries, onsite and offsite,
- understand that some risk may be involved with these activities or related transportation and release SCCEFC, the Prairie EFCC District, and their staff, volunteers, trustees, directors, corporation members and management from any loss, personal injury, accident, misfortune, or damage to the above named Student and/or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the Student
- authorize the above named Student to be medically treated as determined appropriate by SCCEFC staff or volunteers and authorize the Student to be transported to the nearest suitable medical or hospital facility in the event of an emergency situation that is not treatable on the scene.
- give permission to SCCEFC Staff and/or Volunteers to contact the above named Student via phone, text, email and the church's communication software,
- authorize the above named Student to be transported to and from events by transportation services utilized by SCCEFC (e.g., charter buses or personal vehicles),
- understand that individual and group photos and video may be taken of the above named Student during SCCEFC activities and grant permission for the reasonable use of brochures/promo materials, church website and newsletters.

Printed Name:

I have read, understood and agree with the above and sign it to cover all SCCEFC Ministry activities for the program year effective as stated on this form.

Date:			
For Re-registration			
I have confirmed the above	information is correct:		
Date (Including year)	Print Name	Signature	