



Eastminster United Church
Play Room Registration Form
2014 - 2015



A. General Family Information

Family Name: _____
 Mother's Name: _____ Father's Name: _____
 Street Address: _____
 City: _____ Postal Code: _____
 Email: _____
 Telephone: (home) _____ (work) _____ (cell) _____
 Alternate Contact: _____ Telephone: _____

B. Information for Each Child to be Registered

1. Child's Name: _____
 Birthdate (yyyy/mm/dd): _____ Age: _____
 Allergies, if any: _____
 Medical Conditions about which it would be helpful to know: _____

 Medications, if any: _____

 Anything else our staff should know about this child: _____

2. Child's Name: _____
 Birthdate (yyyy/mm/dd): _____ Age: _____
 Allergies, if any: _____
 Medical Conditions about which it would be helpful to know: _____

 Medications, if any: _____

 Anything else our staff should know about this child: _____

PHOTO CONSENT FORM

(MINOR CHILD)

*We do not post or print photographs or use video images
without the consent of the subjects or their guardians.*

I, (print full name) _____,
hereby grant permission to Eastminster United Church to photograph and/or videotape
my minor child(ren):

(child(ren) names)

at church events for the purpose of . . .

- display inside the church building
- and/or print in publications of Eastminster United Church
(eg: bulletin, newsletter, etc)
- and/or posting on Eastminster Church's Website and/or Facebook page

Signature of Parent or Guardian: _____

Relationship: _____ Date: _____

- please return this form when completed -

Distribution: Play Room Coordinator Church Administrator