



COLLIER
—CENTRED—
with God • in Barrie • on You

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 Email – hholmes@collierunited.ca or
officeadmin@collierunited.ca

COLLIER'S KIDS REGISTRATION FORM- 2017

FAMILY INFORMATION

Name of Parent/Guardian _____ Relationship _____
first name last name

Telephone (Home) _____ Office _____

Email (Home) _____ (Office) _____

Name of Parent/Guardian _____ Relationship _____
first name last name

Telephone (Home) _____ Office _____

Email (Home) _____ (Office) _____

Address & Home Ph.: _____
No. Street City Postal Code Home Ph.

Name of Adult Attending Church Activities with Children _____
*(if Parent/Guardian **is not** attending church worship &/or activities) first name last name*

Relationship _____ Home Phone _____ Cell _____

Address: _____
No. Street City Postal Code

Email _____ Is this the person who should receive our correspondence? _____

EMERGENCY INFORMATION

Emergency Contact _____ Relationship _____
first name last name

Telephone (Home) _____ Office _____

Email (Home) _____ (Office) _____

Is there any other information we should know about your family? _____

PARENT/GUARDIAN AUTHORIZATION

I, _____, the undersigned parent/guardian of the child/children/youth named in this form, grant permission for said minor, to participate in Collier's Kids Programs for Children & Youth of *Collier St. United Church*. Understanding and having confidence that reasonable precautions will be taken to ensure the safety of the named minor, I grant permission for him/her/them to participate fully in all activities of the Program. I also grant permission for him/her/them to travel in the vehicles driven by Leaders and/or other adult volunteers from *Collier St. United Church* as required for the individual programs. I also authorize the adult leaders to consent to any emergency treatment or care, for the named minor, which is rendered under the supervision of a physician or surgeon licensed in the Province of Ontario, whether rendered in the office of the physician or in a hospital.

Parent/Guardian Signature

Date

Witness (Name & Signature)

Date

PHOTO/VIDEO RELEASE

I, _____, the undersigned parent/guardian of the child/children/youth named in this form, grant permission for said child/children/youth, to be photographed or videotaped while participating in all activities of *Collier St. United Church*. I also grant permission for photos or videos to be used for church purposes.

Parent/Guardian Signature

Date

Witness (Name & Signature)

Date

CHILD(REN)/YOUTH INFORMATION

1. **Child/Youth** _____ Birth Date: _____ Male/Female _____
first name last name dd/mm/yy

Baptized? Y/N _____ Baptism date (if known or applicable): _____ School Grade _____
dd/mm/yy

School _____ Child/Youth Email _____

Allergies/Medical Conditions _____

Other information you would like us to know that would assist us in being in relationship with your child/youth:

Special interests & activities: _____

Not available for activities or programs on following days/evenings: _____

2. **Child/Youth** _____ Birth Date: _____ Male/Female _____
first name last name dd/mm/yy

Baptized? Y/N _____ Baptism date (if known or applicable): _____ School Grade _____
dd/mm/yy

School _____ Child/Youth Email _____

Allergies/Medical Conditions _____

Other information you would like us to know that would assist us in being in relationship with your child/youth:

Special interests & activities: _____

Not available for activities or programs on following days/evenings: _____

3. **Child/Youth** _____ Birth Date: _____ Male/Female _____
first name last name dd/mm/yy

Baptized? Y/N _____ Baptism date (if known or applicable): _____ School Grade _____
dd/mm/yy

School _____ Child/Youth Email _____

Allergies/Medical Conditions _____

Other information you would like us to know that would assist us in being in relationship with your child/youth:

Special interests & activities: _____

Not available for activities or programs on following days/evenings: _____

PARENT'S/GUARDIAN'S HELP

Please tick as many as may apply to YOU!

As a parent/guardian, I would love to help as a: Sunday Story Teller ____ Sunday Door Keeper _____ Sunday
Helper ____ Sunday Volunteer _____

As a parent/guardian, I would love to help with: Purchasing of supplies for weekly or special occasions ____

Collier's Kids during the Week ____ Youth Program _____ Clean up during the Week ____

Extra pair of hands when needed ____ Share a special talent on occasion _____
(name talent)

Telephoning ____ Driving ____

As a parent/guardian, I suggest, the following to improve Collier's Kids program.

Thank YOU!

OFFICE USE ONLY

APPLICATION RECEIVED: _____
(NAME) (DATE)

APPLICATION INFORMATION PLACED IN DATABASE: _____ ZONE # _____

COLLIER'S KIDS ASSIGNED:

*GROUP NAME TAG WELCOME MAILING