



**COLLIER**

**—CENTRED—**

*with God • in Barrie • on You*

112 Collier Street, Barrie, Ontario L4M 1H3  
Phone 705-726-1511 Fax 705-726-0774  
Email – [hholmes@collierunited.ca](mailto:hholmes@collierunited.ca) or  
[officeadmin@collierunited.ca](mailto:officeadmin@collierunited.ca)

## COLLIER'S KIDS VISITOR REGISTRATION FORM- 2017

### FAMILY INFORMATION

Name of Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
*first name last name*

Telephone (Home) \_\_\_\_\_ Office \_\_\_\_\_

Email (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

Name of Person Attending Church: \_\_\_\_\_  
( if different from Parent) Relationship Phone:

Emergency Contact  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

1. Child's Name: \_\_\_\_\_  
First \_\_\_\_\_  
Last (if different from above) \_\_\_\_\_

Birth Date: \_\_\_\_\_ School Grade: \_\_\_\_\_  
dd/mm/yy

Allergies/Medical Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Child's Name: \_\_\_\_\_  
First \_\_\_\_\_  
Last (if different from above) \_\_\_\_\_

Birth Date: \_\_\_\_\_ School Grade: \_\_\_\_\_  
dd/mm/yy

Allergies/Medical Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PHOTO/VIDEO RELEASE

I, \_\_\_\_\_, the undersigned parent/guardian of the child/children named in this form, grant permission for said child/children, to be photographed or videotaped while participating in all activities of the Children & Youth program of Collier Kids of Collier Street United Church. I also grant permission for photos or videos to be used for church purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness (Name & Signature)

\_\_\_\_\_  
Date

## 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