



SOLUS PRESBYTERIAN CHURCH

CHILDREN'S MINISTRY REGISTRATION AND CONSENT FORM

Parents/guardians are required to stay on the church premises throughout the program and will be contacted if any concerns arise. The children's program begins with an announcement during the service and ends when parents are called to pick up their child(ren).

CHILD INFORMATION (please complete one form per child)

Child's Name: _____

Child's Date of Birth: _____

Child's Age/Grade (Check one):
☐ **Toddler, 2 to 4 yrs old** ☐ **2nd grade**
☐ **Kindergarten** ☐ **3rd grade**
☐ **1st grade** ☐ **4th grade**

Medical Information:

1. **Does your child have any allergies or dietary restrictions we should be aware of?**

☐ Yes ☐ No

If yes, please list: _____

2. **Does your child have any medical conditions we should be aware of?**

☐ Yes ☐ No

If yes, please describe: _____

PRIMARY CONTACT - PARENT/GUARDIAN INFORMATION

Parent/Guardian Full Name (as listed on ID) : _____

Phone Number: _____

← **We will call/text this number if your child needs your attention.**

Email: _____

Home Address: _____

SECONDARY CONTACT - PARENT/GUARDIAN INFORMATION

Parent/Guardian Full Name (as listed on ID) : _____

Phone Number: _____

Email: _____

EMERGENCY CONTACT & AUTHORIZED PICK-UP

Emergency Contact Name: _____

Relationship to Child: _____ **Phone Number:** _____



Other Authorized Pick-Up Persons (Name & Relationship to Child):

1.

2.

SNACK PERMISSION

We may offer age-appropriate snacks during the program. Please indicate below if you give permission for your child(ren) to receive snacks. If there are any allergies or dietary restrictions, please list them in the "Medical Information" section for your child.

☐ **Yes** ☐ **No** ☐ **Yes, but check allergy/dietary restriction for details**

FIRST AID AND EMERGENCY MEDICAL TREATMENT

In the event of a minor injury (such as a small cut or scrape), do you give permission for Solus Presbyterian Church staff or volunteers to administer basic first aid to your child? If a more serious injury or emergency arises, I understand I will be contacted immediately to determine further action. Please note that we do not administer medication of any kind to any child, including 'over the counter' drugs.

☐ **Yes** ☐ **No**

MEDIA RELEASE

I grant permission for my child's photographs, videos, or other media to be taken by an authorized member of Solus Pres, for promotional purposes related to the church's events or programs.

☐ **Yes** ☐ **No**

CONSENT AND ACKNOWLEDGMENT

By signing below, I consent to my child(ren) participating in the Solus Presbyterian Church Children's Ministry program. I acknowledge that I have read and agree to the terms of this waiver and understand that my child(ren) will be under the care of Solus Presbyterian Church staff and volunteers during the program. I understand that the information in this form is subject to change, and I will communicate any concerns I may have regarding these changes. I have also received and agree to the "A Parent's Guide to Solus Presbyterian Children's Ministry (CM) Policies and Procedures."

I hereby release, waive, and hold harmless Solus Presbyterian Church, its staff, volunteers, and representatives from any claim, liability, or injury that may arise as a result of my child's participation in this program, except in cases of gross negligence or willful misconduct.

Parent/Guardian Signature: _____

Date: _____

Printed Name: _____