

# Community Church Children's Ministry Information & Consent Form

Please complete one form per family and return to: Community Church · N6717 Streblow Drive · Fond du Lac, WI 54937  
We understand the following information is private and will share it with staff and Children's Ministry volunteers on a "need to know" basis only.

## Child/ren Information (Please list all children in the family from Birth--5<sup>th</sup> Grade)

First Name	Last Name	Gender	Birthdate	Age	Grade	School	Allergies	Medications

## We want to know how to best support your child/ren while they are in our care. Please explain any details regarding:

1. If your child/ren have any medical conditions or health concerns, including allergies:
2. If your child/ren have any behavioral or learning needs to help them in the classroom:
3. If there any family, custody, or special situations that we should be aware of:

## Parent/Guardian Information

First Name	Last Name	Relationship to Child/ren	Cell Number	Do we have permission to text you at this number?	Email Address	Children's Ministry is a team effort! In what way(s) would you like to volunteer to help out? Thanks!!!						
						Nursery 9am	Pre-school 9am	Elementary 9am	Greeter 9am	Childcare 10:45	Special Events	Behind-the-Scenes

If another adult will primarily be bringing the child to church on Sundays (like a grandparent, for example) please fill contact info for that person below **IN ADDITION** to the parent/guardian info above

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## Family Information

Home Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Name of the Insured: \_\_\_\_\_ Policy/ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Emergency contact if parent/guardian cannot be reached—Name & Number: \_\_\_\_\_

**\*\*\*Photo Release: Please only initial ONE of the options next to your choice:** (*children in photos will be identified by first name only*).

- \_\_\_\_\_ **A)** I give Community Church Children's Ministry **permission to use photographs** taken of my child/ren for arts & crafts projects as well as for promotional purposes, such as bulletin boards/posters... **for use ONLY INSIDE the church**.
- \_\_\_\_\_ **B)** I give Community Church **permission to post photos** of my child/ren **BOTH INSIDE the church AND on our website or social media**.
- \_\_\_\_\_ **C) I do not want ANY photos taken** of my child/ren.

**Consent:** I, being the parent or legal guardian of the child/ren named above, do consent to their participation in all of the scheduled activities of *Community Church, Fond du Lac, WI*. This includes field trips, transportation, and any other activities customarily associated with a church group. I certify that the child/ren are physically fit to participate in such activities, except as noted above.

**Medical Treatment Authorization:** I understand that I will be notified in the event of a medical emergency including any of the above named children. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that any of my children become injured or ill. I understand that *Community Church, Fond du Lac, WI* will not be responsible for medical expenses incurred, and that such expenses will be my responsibility as parent/guardian. I specifically consent to allowing my child/ren to be transported to receive emergency care and to be responsible for all financial charges for such emergency care. I agree to notify the church in the event of health changes which would restrict my child/ren's participation in any normal activities. I also understand that the adult supervisors reserve the right to restrict my child/ren from any activity that they do not feel is within the physical capabilities of my child/ren. (This authorization applies to all children listed on this form.)

**Agreement:** I release and promise to indemnify, defend, and hold harmless *Community Church, Fond du Lac, WI*, its leaders, staff, and volunteers from any and all injury or loss resulting directly or indirectly from the activities and programs of *Community Church, Fond du Lac, WI*.

Parent/Legal Guardian Signature: \_\_\_\_\_ // \_\_\_\_\_ Date: \_\_\_\_\_  
(Please provide both, if there are two) (Please print name here)

Parent/Legal Guardian Signature: \_\_\_\_\_ // \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print name here)

*A photocopy of this document has the same force and effect as the original.*



For office use only:

Database Entry \_\_\_\_\_ Groups assigned \_\_\_\_\_ Name Sleeves \_\_\_\_\_ Add/Update Email to list \_\_\_\_\_ Add to Attendance/Allergy Papers \_\_\_\_\_ Welcome Email Sent \_\_\_\_\_