

# Community Church Children's Ministry Information & Consent Form

Valid through August 2020

Please complete one form per family and return to: Community Church · N6717 Streblov 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	Other Health Info

If your child/ren have any medical conditions or concerns, please explain in detail here:

If your child/ren have any learning or behavioral special needs, please explain in detail here:

If there are any special family, custody, or other situations we should be aware of, please explain in detail here:

## 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	Pre-school	9am	Elementary	9am	Greeter	9am	10:45	Childcare
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 <b>IN ADDITION</b> to the parent/guardian info above														

Please direct any questions or concerns to Kathy Heinzelman, Interim Children's Ministry Director: [kheinzelman@ccfdl.org](mailto:kheinzelman@ccfdl.org) · 920.922.1477

\* \* \* **FLIP FORM OVER TO COMPLETE BACK SIDE** \* \* \*

## Family Information

(Complete information must be provided, please!)

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:** I give Community Church Children's Ministry permission to use photographs taken of my child/ren (identified by first name only) for arts & crafts projects as well as for promotional purposes (such as slide shows in service, bulletin boards/posters inside the church, the church website, or the Community Church Facebook page.) \*If any of these are unacceptable for safety reasons, please cross out the specific one/s and then initial here: \_\_\_\_\_

**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/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please provide both, if there are two)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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



For office use only:    Servant Keeper Entry \_\_\_\_\_    Groups assigned \_\_\_\_\_    Nametags/Sleeves \_\_\_\_\_    Add to Attendance/Allergy Papers \_\_\_\_\_    Welcome Email Sent \_\_\_\_\_