



# ELEMENTARY

## Registration Form

For children in (or entering) Grades One through Five

### REGISTRATION INFORMATION

Today's Date: \_\_\_\_\_

Thank you for your interest in registering your child with New Life's Children's Ministry – Kidz Zone. This information is being gathered to enrol your child in Kidz Zone and to serve him or her effectively while in our care. The information will remain confidential amongst Staff and Ministry Partners.

Is New Life your home church?  **YES**, we attend regularly  **NO**, we are just visiting today

---

### CHILD INFORMATION

Child's First Name \_\_\_\_\_

Child's Last Name \_\_\_\_\_

Birthday: mm / dd / yyyy Current Grade: \_\_\_\_\_ Gender:  **MALE**  **FEMALE**

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

---

### MEDICAL/HEALTH INFORMATION

Does your child have allergies?  **YES**  **NO** Does child use an Epi-Pen?  **YES**  **NO**

Please specify: \_\_\_\_\_

Does your child have dietary restrictions?  **YES**  **NO**

Please specify: \_\_\_\_\_

Does your child have any special health, learning or behavioral needs?  **YES**  **NO**

Please specify: \_\_\_\_\_

---

**NOTE:** If your child has special needs, you will be contacted to complete an additional form.

---

### CLASS SPECIFIC INFORMATION

Each week in our Elementary Classes, children enjoy a Bible lesson & fun, Bible-related activities.

**9:30am & 11:15am Service:** Grade 1-3 & Grade 4-5 in separate rooms

Kids also have the opportunity to join in our Stone Project, which allows them to add stones to our Stone Box each week by bringing their Bible, bringing offering, bringing a friend, and/or quoting the memory verse. Gr. 1-3 and Gr. 4-5 compete against each other to gain the most stones and offering.

## PARENT/GUARDIAN INFORMATION

\_\_\_\_\_  
Home Phone (if applicable)

\_\_\_\_\_  
Contact email address

\_\_\_\_\_  
Primary Parent/Guardian Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Secondary Parent/Guardian Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Cell Phone Number

**Please list an emergency contact and anyone else you give permission for you child to be released to:**

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Additional Pick-up Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Phone Number

---

## PHOTO/VIDEO PERMISSIONS

I give permission for images and videos of my child and his/her projects to be used solely for the purposes of promoting the ministry (e.g. flyers, website, videos).     **YES**     **NO**

Please explain: \_\_\_\_\_

---

## PARENTAL WAIVER AND CONSENT FORM

*I, the parent/guardian named below, give permission for my child to participate in Kidz Zone Children's Ministry at New Life Community Church and I assume the risks that may accompany such participation.*

*I agree that New Life Community Church, its officers, directors, employees and volunteers shall not be held liable for any loss, damage or injury to my child or my child's property arising or resulting from participation in the Kidz Zone Children's Ministry. I give Kidz Zone officials the authority to act on my behalf in the event of an emergency.*

*This consent and authorization is effective only when participating in Kidz Zone Children's Ministry at New Life Community Church.*

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

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Any comments, questions or concerns can be directed to our Children's Pastor:

**Pastor Janelle Archibald**  
**905-790-1084 ext. 230**  
**[pastorjanelle@newlifebrampton.ca](mailto:pastorjanelle@newlifebrampton.ca)**