



BCUC Sunday School Registration Form

Part 1: Name and Mailing Address

Parent/Guardian Name: _____

Street Address: _____

Phone Number: _____ Email Address: _____

Part 2: Child Name and Birth Date

Child Name: _____ Birthday: _____

School Year: _____ M/F: _____

Child Name: _____ Birthday: _____

School Year: _____ M/F: _____

Child Name: _____ Birthday: _____

School Year: _____ M/F: _____

Mailing address of Child if different from above:

Part 2: Authorized Person

Children are to be picked up at the end of the Sunday School hour. Please list the person(s) authorized to pick up your child: _____

Emergency contact during the Sunday School hour:

○ Cell: _____

○ Other: _____

Part 4: Medical Information and Other Notes

Please list the name of your child and any medical conditions, allergies, etc.

Other Notes:

Signature _____ Date _____

Permission to View Video Tapes and DVDs

I consent to my child viewing VHS tapes or DVDs rated (G) General.

I understand that all material will be previewed by a leader to check suitability.

Signed _____

Date _____

Permission to be Photographed or Filmed

I give my permission for my child to be photographed or videotaped. I understand that the image may be displayed in the church publications, church buildings or website. I understand that as a precaution my child's name will not be published or linked with photographs.

Signed _____

Date _____

Privacy Information

*All the information recorded on this form is collected and managed in accordance with the United Church of Canada's Privacy Policy. This information has been collected for the primary purpose of **Bells Corners United Church** and may be used for any activities conducted or promoted by **Bells Corners United Church**. If you do not want this information to be used for any other purpose other than children's programs, please notify us in writing: 3955 Old Richmond Road Nepean, ON K2H 5C5 or email at office@bcuc.org*