

Date: _____

RV CHILDREN'S PROGRAM REGISTRATION FORM

First time visitor?

Child's First Name		Child's Last Name	
Street Address:		City	Postal Code
Phone Number		Email Address	
Age	Grade	Date of Birth (MM/DD/YYYY)	
Mother's First Name		Mother's Last Name	Contact Number
Father's First Name		Father's Last Name	Contact Number
Guardian's Name		Relationship	Contact Number
Allergies or Other Important Information			
How often do you attend Royal View Church? (Please circle one)			
Every Week	Every Other Week	Once a Month	Occasionally
Which service do you usually attend? (Please circle all that apply)			
10:30 am	6:00 pm		
Are you willing to help in your child's room as a parent helper? (Circle one)			
Yes	No	I would like more information	
Do you give Royal View Church permission to take pictures of your child while they are participating in any children's program for promotional purposes? Yes No			
Parent's Signature			
Approved people to pick up child, other than parents/guardians listed above:		For office use only	
1) _____			
2) _____		Child's Photo	
3) _____			
Notes or Comments:			

Please see waiver on the reverse side

RV Kids Liability Release Form
218 Clarke Road London, ON N5W 5E4
www.rvkids.org

Please complete the information below and return to Royal View's Children's Ministry. The form is needed for your child to participate in Sunday Morning Programs/ Weekly Programs or any special event held by Royal View Church. All information must be correctly and entirely filled out in legible printing including postal code, phone numbers, health card and proper signature or parent/guardian. This information will be used to ensure your child has the best and safest time in RV Kids Programs.

Medical: Precautions are taken for the safety and health of your child, but in the event of accident, sickness, Royal View Church, its staff and volunteers are hereby released from liability. If your child requires special medication, x-rays, surgery or other medical treatment, effort will be exercised to contact the person listed on this form. However, if notification is not possible, by signing below you hereby authorize Royal View Church, staff and volunteers to seek medical attention for your child on your behalf.

Promotional: Photographs, video and audio are taken weekly at our programs. These media tools are for promotional and educational use only and to share our events with Church and Community. By signing below you authorize Royal View Church, staff and volunteers to photograph, video, record your child for the purpose of advertising and promotions.

Rules: By signing below you agree that your child will make every effort to abide by the rules and safety guidelines of the programs, and events at the Royal View Church. Should your child refuse to abide by the rules, disrupt programs or other children, they will be removed from the program/activity until they are ready and able to return. If your child repeatedly chooses not to abide by the rules, they will be sent home at the parents expense and asked not to return for a short period of predetermined time.

Transportation: By signing below I give my child permission to ride the bus when necessary for Morning picks and afternoon drop offs as well as special events.

I do ___ I do not ___ give permission for y child to ride with an adult leader in a car.

Children's Programs: This form covers all of the children's program that Royal View's Children's Ministry leads, including Sunday mornings, Week day programs, special events, and our Bus Program. By signing below you are giving your child to attend any of the above programs and ride our bus. Parents will be notified of special events where children will be taken away from the regular setting of the program.

Signature: _____ Dated: _____