

## 2016/2017 Faith Quest Registration Form

Family Name: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone # : \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Child Name(s)	Birth Date			Age (3-11) Sep 2016	Gender	Grade as of Sep 2016	Baptism Date
	Mon	Day	Year				

**MEDICAL:** Please specify any health problems or allergies your child or children may have.

\_\_\_\_\_

**FAMILY/PERSONAL CIRCUMSTANCES:** Are there any family or personal issues your children may be working through? (i.e. divorce, family death, recent move) All information is kept confidential and helps teachers, leaders and ministers support your child:

\_\_\_\_\_

**PHOTO RELEASE:** We enjoy taking photos of the children. These photographs may be used in various ways, including but not limited to, bulletin boards, gifts to children and families, web-site updates, and future promotion material.

I, \_\_\_\_\_, authorize that photographs may be taken of my children, \_\_\_\_\_.

Parent/Guardian (please print) Child/Children's name

Date: \_\_\_\_\_ Parent/Guardian signature \_\_\_\_\_

***Our goal at St. David's is to provide a meaningful Christian experience for all children. Your support is essential to provide this special ministry:***

To help offset the cost of the program and supplies, a suggested registration donation of \$20 to \$50 per family will be gratefully received. Thank you. Amount received \_\_\_\_\_ Cash  Cheque

**Complete this portion if an Official Income Tax Receipt is required.**

Tax Receipt to be issued in the NAME: \_\_\_\_\_

ENVELOPE # \_\_\_\_\_ or ADDRESS \_\_\_\_\_

## 2016-17 E-MAIL CONSENT FORM

**E- MAIL CONSENT:** To inform you about events happening in the Children's Ministry, e-mails are sent out with updates and newsletters. We respect your right to privacy and send our e-mails blind carbon copy to protect it. We do not give e-mails out without your permission.

I, \_\_\_\_\_, consent to being contacted via e-mail for communication regarding  
(Please Print) church events/information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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## 2015-16 PARENT FORM

**PARENT/VOLUNTEER PHOTO RELEASE:** We enjoy taking photos of the children, volunteers, and parents who work with their own children. These photographs may be used in various ways, including but not limited to, bulletin boards, gifts to children and families, web-site updates, and future promotion material.

I, \_\_\_\_\_, authorize that photographs may be taken of me during activities.  
(Please Print)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

I, \_\_\_\_\_, authorize that photographs may be taken of me during activities.  
(Please Print)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please note:** Parents are invited to help with their own children during Faith Quest.

All volunteers who work directly with other children require:

- a Vulnerable Sector Police Check
- a Child Protection Screening & Orientation.

*A child who has faith, has a foundation for life.*