

Jones Chapel Children's Ministry

Registration Form

The Children's Ministry provides infants through elementary schoolers nurturing care and engaging faith lessons. Through programs like Sunday nursery care, Children's Church, Children in Action, and many special events, kids enjoy fun activities and build relationships while learning about God's love.

Name of Child: _____ Date of Birth: ____/____/____

Contact Information

Address _____

City _____ State _____ Zip _____

Home Phone: _____

Parent/Guardian Information

Guardian 1

Name _____

Email: _____ Phone: _____

Guardian 2

Name _____

Email: _____ Phone: _____

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Other Emergency Contacts/Permissible Pick-up

My child may be picked up by the following (in addition to guardians). In addition, if either guardian is not able to be contacted, please contact these individuals in sequential order:

- **Note: We require PHOTO IDENTIFICATION if we do not personally know the individual picking up your child**

Person #1: _____ Relationship: _____

Person #2: _____ Relationship: _____

Person #3: _____ Relationship: _____

Person #4: _____ Relationship: _____

Are there custody issues about which we should know? ____Yes ____No

If yes, please explain below and speak with Mrs. Amy

If there are any individuals that we should not allow to pick up your child, please list them below. Please let us know if you have any additional questions or concerns.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

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Medical Information

Does your child have any medical, physical, emotional, behavioral, mental health or other special needs about which the Jones Chapel Children's Ministry should be aware? ___Yes ___No

If yes, please list here:

Does your child have any allergies (bees, foods, etc.)? ___Yes ___No

If yes, please list allergies here:

Medical Allergies: _____

Food Allergies: _____

Other Allergies: _____

Does your child have asthma? ___Yes ___No **Inhaler (if yes)?** ___Yes ___No

Does your child have any physical limitations? ___Yes ___No

If yes, please list restrictions here:

Does your child have any medications that may need to be administered by the Children's Ministry? ___Yes ___No

If yes, please see Mrs. Amy to provide the medication(s).

- **Note: Medications MUST be provided to the Children's Ministry in its original packaging/bottle**

- ☐ Please check this box if you DO NOT want your child to be given over-the-counter (OTC) medication; such as ibuprofen (Motrin/Advil), acetaminophen (Tylenol), Benadryl, aloe lotion, etc. according to the manufacturer's directions if the need arises. In this case, we will make contact with you before administering medication.

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Permission/Liability

Jones Chapel's Children's Ministry conducts various activities that will include crafts, free play, music time, recreation, Bible study, and more. When possible, we occasionally take part in outings that may include swimming and trips to various locations.

- ☐ By signing at the bottom of this page, I understand and assume the risks of my child's participation in vehicle transportation. For myself, my heirs, and assigns, I agree to waive, release, and forever discharge any claim for injury or damage and to hold Jones Chapel, Inc. and its officials, agents, and employees harmless from any claim, loss, liability, or expense, including attorney fees, resulting directly or indirectly from their participation in transportation, except in those cases where the acts of Jones Chapel, Inc. and their officials, agents, or employees have been determined to be negligent by a court of competent jurisdiction.
- ☐ By signing at the bottom of this page, I hereby give permission for my child to ride with Jones Chapel, Inc. leaders/volunteers/staff to and from trips/community service trips on any personal vehicles needed for transportation to and from trips/community service trips. I understand that liability that results from the granting of this permission rests with the owner/driver of said vehicle.
- ☐ By signing at the bottom of this page, I grant permission for my child to participate in any and all activities with the exception of any restrictions that I noted on page 3. I grant permission for Jones Chapel, Inc. to obtain emergency medical care for my child in the event of an emergency or I cannot be contacted. By allowing Jones Chapel, Inc. to seek/provide medical attention for my child, I understand that Jones Chapel, Inc., nor its leaders/volunteers/staff will not be liable for any fees/bills that may accrue due to seeking medical attention for my child.
- ☐ By signing at the bottom of this page, I give my permission for my child to swim at personal home swimming pools, East Athens Community Park Splash Pad, Victoria Bryant State Park, Lake Hartwell, Lake Lanier Islands Water Park, or other swimming locations not explicitly mentioned herein, with Jones Chapel, Inc.

Can your child swim without support (i.e. floaties, life jacket, etc.): ____ Yes ____ No

Please check one:

- ☐ I would like for my child to wear a personal flotation device while swimming, which I will provide.
- ☐ My child may swim without wearing a personal flotation device.

Parent/Guardian Signature: _____ **Date:** ____/____/____

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Photograph and Video Release Form

I am the parent/legal guardian of _____ (child's full name). I hereby grant permission to Jones Chapel, Inc. to use my child's image, likeness, video footage, interviews, and/or audio recordings without compensation. These images/recordings may be used in any church publications, advertisements, brochures, posters, websites, social media sites or other similar ways.

By signing below, I understand and agree that:

- These images/recordings will become property of Jones Chapel, Inc. and may be edited prior to use.
- Jones Chapel, Inc. has my permission to use these images/recordings as many times as they deem necessary for promotional, advertising, or other church-related purposes.
- I understand that these images may be used on the Jones Chapel website, YouTube Channel, Social Media, or other publications as deemed appropriate by Jones Chapel, Inc..

Please check one option below:

- ☐ I authorize use of my child's image/recordings as described above.
- ☐ I do NOT authorize use of my child's image/recordings.

Parent/Guardian Signature: _____ Date: ____/____/____

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Acknowledgment and Receipt

I, _____ (print parent/guardian name), hereby acknowledge that I have received, read, and understand the Jones Chapel Children's Ministry Registration Packet which includes:

- Registration form with emergency contact and permissible pick-up
- Medical information form for allergies, limitations, and OTC medication waiver
- Permission/liability form for transportation, activities, and medical care
- Photograph/video release form

I have provided complete and accurate information to the best of my ability. I agree to all permissions and liability releases indicated by my signatures throughout this registration packet.

I understand that I will be notified of any changes to policies, procedures, activities, costs, or other information that affects my child's enrollment in the Children's Ministry programs.

By signing below, I confirm I have carefully reviewed all materials in this registration packet and agree to comply with all terms and conditions for my child's participation.

Printed Name: _____

Parent/Guardian Signature: _____ **Date:** ____/____/____