

This form is to be submitted on child's first date of attendance. It remains valid for all future attendance.  
Please notify our staff if any submitted information changes.

### CHILD'S INFORMATION

Child's Name (first & last)	Gender	Date of Birth
Allergies/Dietary Restrictions/Medical Concerns		Provincial Health Care #

### PARENT/GUARDIAN INFO

Name(s)		
Home Address		
Main Phone	Alternate Phone	Email Address
Church Affiliation, if any (ex. Member at Really Living, Member elsewhere (specify), n/a, etc.)		

### DECLARATION

**PARENT/GUARDIAN'S RESPONSIBILITY:** For the safety and security of my child, I hereby acknowledge the following:

- If my child is four years of age or younger, I or an adult designate will accompany and supervise my child during Really Living Kids programs.
- If my child is 5–10 years of age, I will check him/her into the weekly program (see posted check-in times), and will collect my child promptly following the program.

**MEDIA WAIVER:** I understand that my child may be photographed or videotaped during Really Living Kids events. I grant organizers and representatives permission for the reasonable use of sound recordings, pictures, and videos containing my child for promotional purposes.

**LIABILITY:** I expressly assume all risks of my child participating in Really Living Kids activities, whether such risks are known or unknown to me at this time. I further release and agree to indemnify and hold harmless Really Living Adventist Church and its ministers, employees, volunteers, and overseeing bodies, from any and all claims arising as a result of injury or illness of my child during such activities.

Parent/Guardian Signature	Date
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**PURPOSES AND EXTENT:** Really Living Seventh-day Adventist Church is collecting and retaining this information for the purpose of serving your child while in our care, and to inform you of program updates and upcoming events at our church. Any medical information collected here serves to authorize the church and its staff/volunteers to obtain medical assistance in emergencies, when a parent/guardian is not available. All information received is confidential and will be maintained indefinitely as it is a requirement of the North American Division of Seventh-day Adventists and Adventist Risk Management Services. If you wish to review your child's information, please contact us.