

BEULAH YOUTH REGISTRATION FORM | 2020-2021

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Beulah Alliance Church. Any medical information collected here serves to authorize Beulah Alliance Church, and its staff and volunteers, to obtain medical assistance in emergencies. *In the case of custody agreements, please include the proper form authorizing parental contacts.*

Student Contact Information

First Name: _____ Last Name: _____

Student Email: _____

Address: _____

City: _____ Postal Code: _____

Student Mobile Phone: _____ Mobile Carrier: _____

Date of Birth: Month _____ Day _____ Year _____ Grade: _____

Campus: Lighthouse Southwest West

Medical Information

The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

Health Card Number _____

Family Doctor _____ Phone Number _____

Allergies _____

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? Yes No

If yes, please explain.

Is your child bringing any medication with him/her? Yes No

If yes, please list.

Online Activities

We may be hosting online sessions as part of our programming that requires your permission prior to participation. We have provided you the details of the online program below and request that you complete and sign the permission form. Please note that all online activities have risks. The safety of your Child is our primary concern. Precautions will be taken for their protection.

All online engagement programming will be hosted through Beulah Alliance Church's licensed account or an approved small group leader's account, regularly monitored by Beulah Alliance Church Leadership. Attendance will be taken at the beginning of all online programs. Sessions will be recorded for security purposes and maintained on a confidential drive permanently. Parents are provided with an opt-in clause below, in which parents may choose to consent to their child using webcam during the recorded session. For parents that do not opt-in, their child will not be permitted to use webcam during the session but will be able to participate in the programming with the platform chat box.

We have taken precautions in providing this programming. However, we feel we have the responsibility to share with you the risks associated with any online activity. These risks include but are not limited to: the risk of your child switching screens and viewing age inappropriate content and pornography, risk of online predators securing access, your child disclosing personal information and cyberbullying, and viruses.

I voluntarily agree and consent to the participation of my/our Child in supervised online programs by signing at the bottom of this form.

Please check off the online activities that your child will be participating in.

- Friday Night Online Programming Other: _____
- Wednesday Youth Service Wednesday Small Group Chat

CONSENT TO WEBCAM USE AND RECORDING (optional)

- Opt In Opt Out

I have read, understood and agree with all of the above in its entirety.

Parent Signature _____

Printed Name _____ Date _____

Purposes and Extent

Beulah Alliance Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. If you wish Beulah Alliance Church to limit the information collected, or to view your child's information, please contact us.