BEULAH YOUTH REGISTRATION FORM | 2021-2022

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 Informa	ation			
First Name:	Last Name:			
Student Email:				
Address:				
City:	Postal	Code:		
Student Mobile Phone:		Mobile Carrier:		
Date of Birth: Month	Day Ye	ar Gender: _	(opt) Grade:	
Campus:	☐ Southwest	☐ West		
Medical Information				
The safety of your child is protection.	our primary conce	rn. Precautions will be t	taken for their wellbe	eing and
Health Card Number				
Family Doctor		Phone Num	ber	
Allergies				
Does your child have any concerns or limitations that If yes, please explain.			☐ Yes	□ No
		4.0		
Is your child bringing any If yes, please list.	medication with hin	n/ner?	☐ Yes	□ No

First Parents'/Guardian Na	ame:	Contac	Number:	
Address if different from above				
2nd Parents'/Guardian Na	me:	Contact Number:		
Address if different from above				
In case of an emergency (Contact Name:		Phone Number:	
Waiver and Consent				
Church Ministry Staff to s	ign a consent for me	dical treatment	h Pastor or one of Beulah Alliance and to authorize any physician or s for the participant named above.	
Ministry Staff, Beulah Allia damage or injury suffered Alliance Church, as well	ince Church, its Pasto I by the participant a as of any medical tro This consent and aut	ors and Board of s a result of beil eatment authoriz	I blameless the Youth Pastor, the Elders from and against any loss, ng part of the activities of Beulah ed by the supervising individuals ctive only when participating in or	
Please check the boxes volunteers) to communica	below to grant perr te with your child via t	nission for Yout elephone, email,	the dissemination of information. h Program Personnel (staff and social media, text and/or Discord. mation about the Discord server.	
☐ Telephone ☐ Social	Media 🚨 Email	☐ Text Messag	ges 🛘 Discord	
Photos Please check the boxes by your child in any or all the			nable use of pictures containing	
☐ Brochures/Promotional	material	☐ Church	☐ Social Media	
□ Website		☐ Newsletters		
Student Ministry Activiti Effective from date signed you approve (or choose al	through to August 31	I, 2021. Please c	heck the in person programs that	
☐ All Programs	☐ Friday Youth	☐ Serving/Vo	olunteer Roles	
■ Wednesday Youth	☐ Prayer room	☐ LEAD	□ Other	

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.								
☐ Wednesday ☐ All Youth Online Events ☐ Wednesday Youth Service								
■ Wednesday S	mall Group Chat	☐ Friday N	ight Online Events	Other:				
CONSENT TO WEBCAM USE AND RECORDING (optional)								
☐ Opt In	☐ Opt Out							
I have read, understood, and agree with all the above in its entirety.								
Daniel Cinnetino								
Parent Signature	9							
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.