

Kids/Youth in the Kitchen Registration Form for 2022/2023

Please fill out the information below for your child to participate in any of _____ programs, including midweek programs or special events. All information must be correctly and entirely filled in, including postal code, phone number, health card and proper signature of legal adult. Please hand in this registration form prior to program participation.

COVID precautions: If by chance there is an upsurge we will implement and follow local health board rules. Here are the rules:

- 1) Children will have to wear a mask at all times.
- 2) Must stay with their group during the Bible and Cooking lesson times.
- 3) Must stay home if exhibiting any signs that would not allow them to attend school.

Medical: Precautions are taken for the safety and health of your child, but in the event of accident or sickness, _____ and its staff and volunteers are hereby released from liability. In the event that your child requires special medication, x-rays, surgery or other medical treatment, every effort will be made to contact the parent/guardian. However, if notification is not possible by signing below, I authorize _____, its staff and volunteers to seek medical attention for my son/daughter on my behalf.

Promotional: Photographs, videos and audio are taken of our programs and events on a regular basis. As a promotional tool your child's name could be published in print form. These media tools are for promotional use and to share our events with our church and community. By signing below, I authorize _____ and its staff and volunteers to photograph video and record my student for the purpose of promotion. Sign here if you **do not** want your child involved in the promotions.

1) Child's name: _____

2) Parents names: _____

3) Age: _____ Health Card# _____

4) Birthdate: _____ Doctor _____

5) Address: _____

6) Telephone # home _____ cell#1 _____
Cell #2 _____

7) Email Address _____

8) Who to contact in case of an emergency:

a) First person: _____

b) Second person: _____

Please include phone number with names if different from above (6)

Special health, dietary or behavioral concerns:

Food Allergies

9) Specific food(s) allergic to: _____

10) Reaction to food(s): Please underline -Runny/plugged nose, itching or tingling inside of mouth or throat, problems breathing, wheezing and coughing, diarrhea and vomiting, hives-small red welts, giant hives, eczema, swelling (face, throat, other body parts)

11) Suggested precautions and treatment: _____

12) Has the child been diagnosed _____

13) Does child carry an EpiPen: _____

Food Intolerance

14) Specific food(s) intolerant to: _____

15) Reaction to food(s): Please underline -Diarrhea, gas, bloating, abdominal cramps, headache

16) Suggested precautions: _____

Cultural Food Restrictions

17) Specific foods that child is not to eat: _____

Special Needs or Behavioral Issues

18) _____

Parent/GuardianSignature _____

Date: _____

This form is valid from Sept 1, 2022 to June 15, 2023

Spring Bay Church Contact Information:
9351 Hwy 542 Spring Bay ON POP 2B0
705.377.5060
springbaychurch@gmail.com

For Spring Bay Church Registration Staff : 2022/2023 Fee \$10.00 refundable fee for apron.

Fee Paid: \$ _____ Received by: _____

Refundable fee for apron (if apron is returned) \$10.00 _____

If required date of refund: \$ _____

Parent receiving refund signature: _____