

Power Up Registration Form

(Please complete one form for each child)

Family Information			
Parent/Guardian Name(s):			
Address:			
Home Phone:			
Cell Phone 1:			
Cell Phone 2:			
Email 1:			
Email 2:			
Child's Information			
Full Name:			
Date of Birth (MM/DD/YYYY):			
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Age/Grade: (for classroom placement)	<input type="checkbox"/> Nursery (0-35 mo) <input type="checkbox"/> Age 2 <input type="checkbox"/> Age 3 <input type="checkbox"/> Age 4	<input type="checkbox"/> Kinder. <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3	<input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Friendship Ministries
Allergies or other medical conditions:			
End of Service - Sign Out			
My child MAY be signed out by the following people:			
My child MAY NOT be signed out by the following people:			

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GRADES 4-6 ONLY:

You have the option to allow your child to sign themselves out without parental supervision.

No, my child MAY NOT sign him/herself out of Power Up.

Yes, my child MAY sign him/herself out of Power Up.*

*I understand that once my child is released from the classroom, the staff of Power Up will not be responsible for his/her care or well-being.

Protecting Your Personal Information:

Your child's health information is collected in case of a health emergency and to ensure the safety and wellbeing of each person involved in our program. This information will only be seen by our staff and will be kept in a secure place.

Medical Authorization:

I hereby authorize the staff of Power Up at Steele Heights Baptist Church to make any and all decisions regarding the emergency treatment of my child.

I/We, the parents or guardians named above, authorize the ministry staff of Steele Heights Baptist Church to sign a consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/We, the parent(s)/guardian(s) named above, undertake and agree to indemnify and hold blameless the ministry staff, Steele Heights Baptist Church, its pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of the Steele Heights Baptist Church, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the Steele Heights Baptist Church.

Photography Authorization:

I understand Steele Heights Baptist Church retain the right to use for publicity and advertising purposes, photographs of children taken at church. Child's names will not be used with photos.

Purposes and Extent:

Steele Heights Baptist 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 permanently as it is a requirement of our insurance company and legal counsel. If you wish Steele Heights Baptist Church to limit the information collected, or to view your child's information, please contact us.

I/We, the parent(s)/guardian(s) named above, acknowledge that I/we have read, understand, and agree with the above statements and hereby release and discharge all parties associated with the Power Up program at Steele Heights Baptist Church from any and all claims, demands, actions, and cause of action that I/my child incurs.

Parent/Guardian Signature: _____

Date (MM/DD/YYYY): _____