

Peace Ann Arbor Kids Ministry Registration Form 2021-2022 School Year

Child's name: _____

Child's age: ____ Date of birth: ____/____/____ Grade in Fall: _____

Name of Custodial parent(s)/guardian(s):

Child's Street address: _____

City: _____ State: _____ ZIP: _____

Parent/caregiver's home telephone: (_____) _____

Parent/caregiver's cell phone: (_____) _____

Home e-mail address: _____

Name of person(s) attending Peace with child if not parents/guardians: _____

Home Telephone number for Peace guardian: (_____) _____

Home e-mail address for Peace guardian: (_____) _____

In Case of Emergency, Contact: _____

Contact Number: (_____) _____

Relationship to Child: _____

Allergies or other medical conditions: _____

Any arrangements/family dynamics we should be aware of for the protection of this child?

I give permission for my child's photo to be used for church use (on website, PR, etc.). Circle one:

Yes

No

I give permission for my child to attend Peace's Sunday School (sign):

_____ Check here if you would like more information, have questions or concerns.

Please return form to Peace Lutheran Church 8260 Jackson Rd., Ann Arbor, MI 48103
Call Peace with any questions at 734-424-0899 or email andypronsati@peaceaa.net

Health Insurance Information:

Insurance Company _____ Phone # _____

Policy # _____ Group # _____

In whose name is the insurance _____

Primary Care Doctor _____ Phone # _____

In case of emergency, your hospital preference: _____

Medical and Liability Release Statements:

As the parent or custodial adult of _____, I give permission for Peace Ann Arbor, its agents, staff, and volunteers to obtain urgent or emergency care for my child, and I authorize health care providers to render such care as may be necessary. It is understood that reasonable efforts will be made to contact me prior to obtaining such care, but I authorize such care whether I am contacted or not, and I agree to be financially responsible for such care.

I give permission for my child to participate in the activities of Peace Ann Arbor, both on the church premises and elsewhere. In consideration of the opportunity of my child to participate in the activities of Peace Ann Arbor, I release Peace Ann Arbor, its officers, agents, employees, staff and volunteers from any and all liability of any kind whatsoever for any loss or injury to my child arising from my child's participation; and I agree to indemnify and hold forever harmless Peace Ann Arbor, its officers, agents, employees, staff, and volunteers from any and all liability of any kind whatsoever for loss or injury to my child arising from activities on or off the premises of Peace Ann Arbor or resulting from traveling to or from the activities of Peace Ann Arbor.

I understand that my child may be photographed or videotaped while participating in the activities of Peace Ann Arbor. I give my permission for a recognizable image of my child to be posted on electronic web media or bulletin boards.

I give my permission for my child to travel in a vehicle operated and occupied by only one adult. I understand that there will always be at least 2 children in the vehicle.

I will not knowingly send my child to activities at Peace Ann Arbor if they have been exposed to Covid-19 within the last 14 days or if they are currently experiencing the symptoms of Covid-19.

Parent/Guardian Signature _____ Date ____/____/____