

**St. Paul's on the Hill Anglican Church**  
**Children and Youth Ministry Registration 2023-2024**

**PARENTS:** Please take time to carefully fill out the following form for each of your children and return it to Esther Laiman or Yora Chijindu. Information will be stored confidentially for the church's records.

I am registering my child for: Check the appropriate box.

<input type="checkbox"/> SPOTH Kids (Nursery to Grade 5)	<input type="checkbox"/> SPOTH Youth (Grade 6 to 12)
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**Child Information:**

Last Name: \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (D) \_\_\_\_\_ (M) \_\_\_\_\_ (Year) Child's cell # \_\_\_\_\_

Grade: \_\_\_\_\_ Child's email: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Lives with  Both parents  Mom  Dad  Other

Have taken:  Baptism  First Communion  Confirmation

Allergies & dietary needs: \_\_\_\_\_

EPI PEN?  YES  NO

Medications? \_\_\_\_\_

Learning disabilities/emotional challenges/behavioural challenges (i.e., autism, ADHD, Anxiety, etc.)

Any other information (i.e., family, schooling counselling) or concerns we need to know to help us serve you better? \_\_\_\_\_

**Home Church:** \_\_\_\_\_

**Parent Guardian Information:**

Mother: \_\_\_\_\_ Phone #: (\_\_\_\_) - \_\_\_\_\_

Email: \_\_\_\_\_

Father: \_\_\_\_\_ Phone #: (\_\_\_\_) - \_\_\_\_\_

Email: \_\_\_\_\_

**Permissions and Consent:**

	YES	NO
Permission to take photographs/videos published or non-publish for church purposes	<input type="checkbox"/>	<input type="checkbox"/>
Permission to share email/address/phone number with parents of children in the community	<input type="checkbox"/>	<input type="checkbox"/>
Consent to have my child participate in any active outdoor games/activities organized by <u>SPOTH Kids and SPOTH YOUTH</u>	<input type="checkbox"/>	<input type="checkbox"/>
Consent that my child is physically fit and adequately prepared to participate in active events. I understand St. Paul's on the Hill will not be liable and responsible for any injuries.	<input type="checkbox"/>	<input type="checkbox"/>

**Parent/Guardian Signature:**

**Date:**

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If you are new to St. Paul's on the Hill. How did you hear about us?

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**Thank you for taking the time to complete this registration form.**