



2020/21 KidsQuest Registration Form

For Office Use:
Room assignment 20/21: _____

Child's Name: _____ Birth Date: (mm/dd/yy) ___ / ___ / ___
(Last) (First)

Gender (circle one) : Male / Female Grade (circle one) : Nursery Pre-K K 1st 2nd 3rd 4th 5th

Custodial Parent/Guardian Information:

Mother: _____ E-mail: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____

Father: _____ E-mail: _____
Street Address: _____ City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____

*Child lives with (Check One): Mother Father Both Legal Guardian

***Is either parent (or other) forbidden by court order from having equal access to the child?**
 No Yes, who: _____

Emergency Contact Information (someone other than those listed above):

Name: _____ Phone Number: _____
Relation to Emergency Contact: _____
Physician: _____ Physician Phone: _____

Please indicate below any **allergies** or **special needs** your child may have. This would include any health problems that would limit activities or any other insights on what might help assimilate your child into the classroom/activity environment. Please note any foods you do **not** want your child to have while in the KidsQuest Ministry. Any food not listed on this form could be given to your child while in our care. Any severe allergies should be told to your child's teacher.

Consent to Medical Treatment

We (I) _____, parent(s)/legal guardian(s), with legal custody of the above named minor, understand that in the event medical treatment is required every effort will be made to contact me. However, if we (I) cannot be reached, we (I) give permission to Fairfield Christian Church to take said participant to a doctor, hospital or emergency treatment center to obtain treatment. We (I) consent to any X-rays, examinations, anesthesia, medical or surgical diagnosis, treatment or hospital care deemed necessary, in the event that I can not be reached.

By signing below, we (I) attest to be the *custodial* parent(s)/legal guardian(s) of the participant above.
Please check relationship to child:

Mother Father Grandparent Legal Guardian Other (specify) _____

I also attest that I have read, understand and agree to information contained on both sides of this form and herby comply to all contents herein.

Signed: _____ **Date:** _____
(Custodial Parent or Guardian)

Photo/Video Release

I give permission for my child to be photographed and videotaped for use in any and all INTERNAL Fairfield Christian Church publications, including (but not limited to): video and other media presentations, bulletin boards, posters, flyers, brochures, etc.

Yes No

I give permission for my child to be photographed and videotaped for use in any and all PUBLIC Fairfield Christian Church marketing and publications, including (but not limited to): video and other media presentations, church website, church social media accounts (YouTube, Facebook, Instagram, etc.)

Yes No

Signed: _____ Date: _____
(Custodial Parent or Guardian)

Liability Release

In consideration for being accepted for participation in all trips and/or activities with Fairfield Christian Church.

We (I), being 18 years of age or older, (myself) (and for and on the behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless Fairfield Christian Church and the KidsQuest Program thereof from any and all loss, liability, claims or demands of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in any and all trips and/or activities. Further, authorization and permission is hereby given to Fairfield Christian Church to furnish any necessary transportation, food and lodging for this participant (applies to grade school children only). The undersigned further hereby agree to hold harmless and indemnify Fairfield Christian Church, and the KidsQuest Program for any liability sustained by Fairfield Christian Church as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. If the participant has not attained the age of 18 years: we (I) are the parent(s)/ legal guardian(s), with legal custody of this participant, and hereby grant our (my) permission for him (her) to participate fully in said activity, and hereby give permission to take said participant to a doctor, hospital or emergency treatment center, and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Signed: _____ Date: _____

COVID-19 Liability Waiver, Release and Assumption of Risks

I acknowledge the highly contagious nature of the Coronavirus/COVID-19 and acknowledge that the CDC and many other public health authorities recommend practicing social distancing and wearing a mask. I agree to comply with all COVID-19 policies and procedures to reduce the spread of the virus while attending Fairfield Christian Church KidsQuest.

I further acknowledge that Fairfield Christian Church and its KidsQuest Program have put in place preventative measures to reduce the spread of COVID-19, but understand that there are known risks associated with placing my child in the group setting at KidsQuest that I must assess. By placing my child in the care of KidsQuest, I voluntarily assume the risks of my child, myself, or my family members contracting COVID-19, and any costs or damages incurred as a result.

Further, I release and agree to hold Fairfield Christian Church and the KidsQuest program harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all bodily injury, illness, death or medical treatment, that may arise from, or in connection to, any participation with Fairfield Christian Church KidsQuest, caused by negligence or otherwise. This liability waiver and release extends to Fairfield Christian Church, its leaders, employees, and volunteers.

Signed: _____ Date: _____
(Custodial Parent or Guardian)