

# Children & Youth Registration Form 2025-2026

This form may be filled out online at [http://queensway.org/docs/online\\_registration\\_form](http://queensway.org/docs/online_registration_form)

This release authorizes your minor children to participate in QBC activities for the program year 2023-2024. Please fill out this form (both sides), read the release on the back, sign, and return to the QBC office.

## Parent/Guardian Information

Full Names of Parent(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Parent Email Address(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_  
Parent Cell Phone(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

## Household

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

## Emergency Contact other than Parent(s)

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Relationship to children: \_\_\_\_\_

## Children

**Child 1 //** Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_  
M D Y

Medical/Mental Health Conditions: \_\_\_\_\_

Medication: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Child 2 //** Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_  
M D Y

Medical/Mental Health Conditions: \_\_\_\_\_

Medication: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Child 3 //** Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_  
M D Y

Medical/Mental Health Conditions: \_\_\_\_\_

Medication: \_\_\_\_\_ Allergies: \_\_\_\_\_

**Child 4 //** Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_  
M D Y

Medical/Mental Health Conditions: \_\_\_\_\_

Medication: \_\_\_\_\_ Allergies: \_\_\_\_\_

## Release of Children

Other persons (excluding parents) who may sign-in or sign-out your children:

Children in grade 6 and up are automatically authorized to release themselves. If you would like any of your children in grades 1-5 to be able to release themselves, please specify their names here:

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## Photo & Video

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From time to time, QBC may wish to use photos and videos of your children **without identifying information** on bulletin boards, the QBC website, flyers, the QBC Facebook page, etc. We do this to give a personal touch to our communication and to celebrate what God is doing in our ministry. *Note: We reserve the right to use photos without permission where your children are not distinguishable, such as photos in which they are part of a larger group.*

(Check one)

☐ **Yes**, QBC may use photos/videos of my/our children *without identifying information*

☐ **No**, QBC may not use photos of my/our children

## Other Information

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Is there any other information we need to know about your children?

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## Release

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Queensway Baptist Church (herein referred to as "QBC") is collecting and retaining this personal information for the purpose of enrolling your children 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 indefinitely as it is a requirement of our insurance company and legal counsel. If you wish QBC to limit the information collected, or to view your child's information, please contact us.

I/We, the parent(s) or guardian(s) named on the reverse, authorize the QBC ministry staff to sign for consent for medical treatment and to authorize any physician or hospital to provide medical assessment, treatment, or procedures for the children named on the reverse.

I/We undertake and agree to indemnify and hold blameless QBC, its ministry staff, pastors, volunteers, trustees, and Church Council from and against any loss, damage, or injury suffered by the participant as a result of being part of the activities of QBC, 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 events of QBC.

I/We understand that QBC will only release my/our children to their parent(s), assigned guardian(s), or the individuals specified on the reverse. If indicated on the reverse, we also give permission for QBC ministry staff to release my children to their own care. I/We understand that children in Grade 6 or above are automatically authorized to release themselves into their own care. I/We understand that every effort will be made to keep my children safe while on the Queensway Baptist Church property, but we cannot be held responsible for their care once they have released themselves.

I/We have indicated above my/our preferences for how QBC uses photos/videos of our children. If I/We checked "Yes" in the photo/video authorization section above, I/we give QBC permission to use photos/videos of my/our children in accordance with the terms stated above.

I/We have read, understood, and agree with the above and sign it to cover all QBC activities for the program year effective September 1, 2024 to August 31, 2025.

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_