

The First Church of Christ, Scientist
2020 Annual Meeting
Child Care Registration Form
For children through age 6

Child Information

Child's Name: _____ Age: _____

If there are any food or activity restrictions, please specify: _____

Any other helpful information you would care to share with us: _____

Parent Contact Information

Parent/Legal Guardian Name(s): _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone/Pager: _____

E-mail Address: _____

Authorized Release Contact (Emergency Contact)

In an emergency, your Authorized Release Contact should be either attending Annual Meeting or live in the Boston area and be available in the event that we are unable to contact you.

Release Contact: I hereby authorize The First Church of Christ, Scientist, or its representative (the "Church") to contact and/or release my child to the representative designated below by me in the event I am unable to pick my child up or cannot be reached in an emergency.

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone/Pager: _____

Relationship to child: _____

Signature of Parent/Legal Guardian: _____

Date: _____

PLEASE NOTE: A photo ID is required from anyone who picks up a child.

Emergency Healthcare Contact and Consent

If the Church is unable to locate me or my Authorized Release Contact, I prefer that my child receive:

_____Treatment by Christian Science practitioner OR

_____Treatment by medical personnel

If your child becomes ill or injured while in childcare, the Church will make reasonable efforts, depending upon the circumstances, to locate you so that you may provide care for your child. The Church will, where possible, honor your requested method of treatment specified above. However, even though you may have specified Christian Science treatment, there are circumstances, such as when a child is unconscious, where contacting emergency medical services would be legally required, requested, or thought necessary.

Consent Agreement

I understand that emergency medical services may be provided for my child if:

(1) These services are legally required:

(2) They are requested by me (or my child), or by the person I have designated as an Authorized Release Contact; or

(3) Individuals working for the Church, who are in attendance, feel they are appropriate or necessary under the circumstances. I (or we) have read this form carefully and understand what it says.

Signature of Parent/Legal Guardian: _____ Date: _____

Registration Agreement

In consideration of the registration of my child, I release The First Church of Christ, Scientist, and its affiliates, and its and each of its affiliates respective directors, officers, employees and agents from any and all claims, losses, damages or costs (including attorneys' fees) caused by, or arising from, my child's registration, or participation in the programs or activities conducted by The First Church of Christ, Scientist, except to the extent caused by the negligence or willful misconduct of The First Church of Christ, Scientist or its related affiliates, directors, officers, employees or agents.

Signature of Parent/Legal Guardian: _____ Date: _____

Media Release

I hereby consent to the use of my child's name, statements, and image and likeness photographed or audio/video-recorded during the 2020 Annual Meeting activities, for such uses as The First Church of Christ, Scientist and/or The Christian Science Publishing Society deem appropriate, including for archival, promotional and educational purposes, and in print, audio/video and electronic or internet media. I also agree that all photographs or recordings created or used in reliance on this release, and any other derivative works into which they are incorporated, are and shall remain the Church's property.

Signature of Parent/ Legal Guardian: _____ Date: _____