

# Childcare Registration Form

For children through age 11

## Child information

Child's name\*

Age:\*

Add child

Please let us know if there are food or activity restrictions, or anything that would require special attention:

Any other helpful information you would care to share with us?

## Parent Contact Information

Parent/Legal Guardian Name(s):\*

First

Last

Home address:\*

Street Address

Street Address Line 2

City

State

Zip Code

Home Phone

Cell Phone

Email address:\*

**Childcare Needed for Events (check all that apply)\***

Saturday Youth & Young Adult Activities (June 1 at 8:30am to 6pm)

Annual Meeting (June 3 at 12 noon to 4pm)

Sunday event (June 2 at 1:00pm to 3:30pm)

## Authorized Release Contact (Emergency Contact)

In an emergency, your "Authorized Release Contact" should be nearby while your child is in childcare. This means the Contact should be attending an Annual Meeting event or live in the Boston area, so that they are available in case we are unable to contact you.

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

**Name:\***

First

Last

**Phone:**

**Cell:**

**Address\***

Street Address

Street Address Line 2

City

Region

Postal / Zip Code

**Relationship to Child:\***

**Signature of Parent/Legal Guardian**

**Signature\***

\_\_\_\_\_

**Date\***

02/28/2024



Add a parent/legal guardian

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

Signature\*

Date\*

MM/DD/YYYY



Add a parent/legal guardian

## Registration Agreement

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

## Signature of Parent/Legal Guardian

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Signature\*

Date\*

MM/DD/YYYY



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Add a parent/legal guardian

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\*Preferably both parents/legal guardians should sign the registration form, but at least one parent/legal guardian's signature is required before a child can participate in the Event's Childcare.

The Mother Church (The First Church of Christ, Scientist) gathers, stores, secures, and uses the personal information you provide in this registration only for the purposes of managing your registration and communicating with you and your Contacts about your child's care during the Events. For more information about our policies, see our Data Privacy Statement (<https://gdpr.christianscience.com>), or if you have questions about your personal data, contact [dataprotection@christianscience.com](mailto:dataprotection@christianscience.com).

SUBMIT FORM