Registration is required for all students age 2-gr.12. Please list all children you wish to enroll, along with the information requested here:

Student Name:							Birtho	Birthdate:				Age on Dec. 31, 2025:			
	Age 2-3	Pre K	к	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Grade (Sept. 1)															

Does this child have any medical, physical, emotional, mental, behavioral, concerns or limitations that our staff should be aware of? 

Yes 
No

If yes, please explain: *\*If more space is required, please attach separate note.* 

Student Name:						Birthdate:				Age on Dec. 31, 2025:					
	Age 2-3	Pre K	к	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Grade (Sept. 1)															

Does this child have any medical, physical, emotional, mental, behavioral, concerns or limitations that our staff should be aware of? **Tyes No** 

If yes, please explain: *\*If more space is required, please attach separate note.* 

Student Name:						Birthdate:				Age on Dec. 31, 2025:					
	Age 2-3	Pre K	к	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Grade (Sept. 1)															

Does this child have any medical, physical, emotional, mental, behavioral, concerns or limitations that our staff should be aware of? **Tyes No** 

If yes, please explain: \**If more space is required, please attach separate note.* 

Student Name:						Birthdate:				Age on Dec. 31, 2025:					
	Age 2-3	Pre K	к	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Grade 12
Grade (Sept. 1)															

Does this child have any medical, physical, emotional, mental, behavioral, concerns or limitations that our staff should be aware of? **Tyes No** 

If yes, please explain: *\*If more space is required, please attach separate note.* 

## TURN OVER AND COMPLETE BACK OF FORM

## **Osler Mission Chapel**

## **Purposes and Extent**

Osler Mission Chapel is collecting and retaining this information for the purpose of enrolling your child in our Connect ministry, to assign the student to the appropriate class & to purchase material, to develop and nurture ongoing relationships with you and your child inside and outside the classroom setting, and to inform you of program updates and upcoming opportunities at our Church as appropriate. \*Parents/guardians will be contacted prior to any off-site events involving their child. The safety of your child is our primary concern; precaution will be taken for their well-being and protection. Information received will be maintained indefinitely, in a secure & confidential manner, as required by our insurance company and legal counsel.

Parent/Guardian #1:	Phone #:	Email:
Parent/Guardian #2:	Phone #:	Email:*
Street Address:		
Mailing Address:		

\*2<sup>nd</sup> email address not required. Only enter if 2<sup>nd</sup> parent also wishes to receive notifications.

Occasionally, pictures will be taken of various Connect classes and events. Do you authorize pictures of your child(ren) to be displayed on our in-church bulletin board, used for ministry promotion within the church, and shared with other students & teachers in their Connect class? \*These will never be shared as part of our online service or posted on our webpage or social media! □Yes □No

Further instructions regarding photos (if needed):

- I/we, the parents or quardians named above, authorize the Connect Director of Osler Mission Chapel and/or their Connect ministry teachers to use the information in this form for the purposes stated above for the participants named above.
- I/we, named above, undertake and agree to indemnify and hold blameless the Program Personnel, OMC, and its leaders from and against any loss, damage or injury suffered by the participant(s) listed on the back of this form as a result of being part of the activities of Osler Mission Chapel, as well as of any medical treatment authorized by the supervising individuals representing OMC. This consent and authorization is effective only when participating in or travelling to events of Osler Mission Chapel.

Parent/Guardian (Printe	d):		
Parent/Guardian (Signed	d):		
Date:			
Checked/Updated 2026:		_Checked/Updated 2027:	
Checked / Indated 2028;	(parent/guardian signature)	_Checked/Updated 2029:	(parent/guardian signature)
checkeu/opualea 2020.	(parent/guardian signature)	_ checkeu/opuuleu 2029.	(parent/guardian signature)