
ST. JAMES CHURCH

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St. James Parish Children's Ministry Registration Form

Name of Student: _____

Current Mailing Address: _____

City/Town: _____ Postal Code: _____ Phone #: _____

School Attending: _____ Grade (**Fall 2025**): _____

Has your child received their First Holy Communion? ☐ Yes ☐ No

PARENT INFORMATION

Mother's Name: _____ Email: _____

Mother's Address: _____

Mother's Telephone: (H) _____ (W) _____

Father's Name: _____ Email: _____

Father's Address (if different from mother's): _____

Father's Telephone: (H) _____ (W) _____

Would you like to receive email notifications about future parish events and programs? ☐ Yes ☐ No

EMERGENCY CONTACT & MEDICAL INFORMATION (Person who can be contacted to pick up child)

Name: _____ Relationship: _____ Phone #: _____

Please list any **medical information** which may be helpful (allergies, diabetes, asthma, etc.):

Does your child have a serious learning disability? (e.g. Autism, ADHD)? ☐ Yes ☐ No

Does your child have an IEP (Individual Education Plan) at school? If yes, please describe. ☐ Yes ☐ No

I give consent for my child to participate in St. James Parish's children's ministry.

Parent/Guardian's Signature

Date

Media Release Waiver for Parent/Guardian

I hereby grant permission for my child to be photographed and/or videotaped during *CHILDREN'S MINISTRY* Activities and events. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotaped footage to be edited, if necessary, and then published and/or used for the purpose of promoting *CHILDREN'S MINISTRY* and/or youth programs at St. James Parish.

☐ Yes ☐ No

Indemnity Waiver for Parent/Guardian

I/We understand that reasonable precaution will be taken to safeguard the health and safety of the participant and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident person(s) will not hold St. James Parish, the Archdiocese of Toronto, any volunteer, chaperone, or driver responsible. I/We authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the Province of Ontario or any other Province. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own risk. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

Parent/Guardian's Signature

Date

NAMES OF PERSON(S) ASSIGNED TO PICK UP CHILDREN

1. Name: _____

Relationship: _____

2. Name: _____

Relationship: _____

3. Name: _____

Relationship: _____