

Community of Christ

Canada East Mission

Children's Program Registration Form

WE ARE DELIGHTED THAT YOU HAVE CHOSEN TO PARTICIPATE IN THE CHILDREN'S PROGRAM. PLEASE TAKE A MINUTE TO READ THE FOLLOWING STATEMENT WHICH SUMMARIZES OUR COMMITMENT TO PROTECT THE PERSONAL INFORMATION YOU SHARE WITH US.

Privacy Policy

- WE RESPECT YOUR PRIVACY. WE PROTECT YOUR PERSONAL INFORMATION AND ADHERE TO ALL LEGISLATION REQUIREMENTS WITH RESPECT TO PROTECTING PRIVACY. WE DO NOT RENT, SELL OR TRADE OUR MAILING LISTS. THE INFORMATION YOU PROVIDE WILL BE USED TO DELIVER SERVICES AND TO KEEP YOU INFORMED AND UP TO DATE ON ACTIVITIES THAT WE SPONSOR, INCLUDING PROGRAMS, SERVICES, SPECIAL EVENTS, FUNDING NEEDS, OPPORTUNITIES TO VOLUNTEER OR TO GIVE, AND MORE THROUGH PERIODIC CONTACTS.
- IF AT ANY TIME YOU WISH TO BE REMOVED FROM ANY OF THESE CONTACTS YOU CAN DO SO BY PHONING 888-411-7537 #21, OR E-MAIL: CHERYL@COMMUNITYOFCHRIST.CA AND WE WILL GLADLY ACCOMMODATE YOUR REQUEST.
- I HAVE READ THE PRIVACY POLICY OF THE COMMUNITY OF CHRIST AND UNDERSTAND THAT THE INFORMATION I PROVIDE WILL NOT BE SHARED WITH ANY OUTSIDE PARTY AS OUTLINED ABOVE.

○ SIGNATURE OF RESPONSIBLE ADULT: _____



Child Enrolment Form



Event: Canada East Mission Conference **Location:** Trinity United Church, 400 Stevenson St. N. Guelph

Note: all activities will be held within church property.

General Information

Name: _____ Age: _____ (ages 2-12)
Name: _____ Age: _____ (ages 2-12)
Name: _____ Age: _____ (ages 2-12)
Name: _____ Age: _____ (ages 2-12)

Food allergies or special needs:

Home Congregation _____

Parents, Custodial Parent, or Legal Guardian attending this event:
_____ (print name)

Home Phone: () _____ Signature: _____ Date: _____

Sent or fax to CEM Office, 390 Speedvale Ave. E. Guelph, ON. N1E 1N5 fax(519)822-1236