

First Baptist Church After School Program Enrollment Form



Child's Information: Name _____

Sex (Circle One): Male Female Age _____ Birthdate _____

Address _____ City _____ Zip _____

Home Phone Number _____

Child's Living Arrangements Both Parents Mother Father Other: _____

Child's Legal Guardian(s) Both Parents Mother Father Other: _____

Mother's Information: Name _____

Address (if different from child) _____

Cell Phone _____ Email _____

Place of Employment _____ Business Phone _____

Employer Address _____

Father's Information: Name _____

Address (if different from child) _____

Cell Phone _____ Email _____

Place of Employment _____ Business Phone _____

Employer Address _____

The child may be released to the person signing this agreement or to the following:

Name	Address	Phone Number

Emergency Contact Information

Name	Relationship to Child	Phone Number

Name of the public or private school your child attends:

Grade: _____

Do you currently have a church home? YES NO

Child's Physician or Clinic's Name (Child's Primary Health Source)

Physician or Clinic's Phone Number: _____

Does your child have any special needs? YES NO (If yes, please explain):

Are there any special accommodations that may be required to most effectively meet your child's needs while at this center? NONE YES (If so, please explain):

Is your child currently on medications prescribed for long-term continuous use and/or have a pre-existing illness, allergies, or health concerns? NO YES (If yes, please explain):

EMERGENCY MEDICAL AUTHROIZATION

Should my child, _____, suffer an injury or illness while in the care of First Baptist Church After School Program and they are unable to contact me/us immediately, the First Baptist Church After School Program shall be authorized to secure such medical attention and care for the child as may be necessary. I/We agree to keep the facility informed of changes in medical conditions, telephone numbers, etc., where I/we may be reached.

First Baptist Church After School agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Signature of Parent/Guardian

Date

