

Application Date: _____

Children's Ministries

Program _____

First Baptist Church of Mebane

Class/Grade _____

301 S. Third Street, Mebane, NC 27302 (919) 563-3444

Child's Name _____ Birth date _____
(Last) (First) (MI) (Preferred Name)

Child's Address _____ SS# _____
(Street/Mailing Address) (City) (zip)

Father/Guardian's Name _____ Home Phone _____

Address _____

Where Employed _____ Work Phone _____

Cell Phone _____ E-mail _____

Mother/Guardian's Name _____ Home Phone _____

Address _____

Where Employed _____ Work Phone _____

Cell Phone _____ E-mail _____

Child's Physician _____ Phone # _____
(Name) (Address)

Child's Dentist _____ Phone # _____
(Name) (Address)

Hospital Preference _____ Phone # _____

Insurance Carrier _____ Group/Policy No. _____
(Please attach a copy of your insurance card.)

Are your child's immunizations current? (If not, your child may not be enrolled until immunizations are current.) _____

Does your child have any special needs that may limit his/her ability to participate in any activities? If yes, please explain. (Your child may need a release form from his/her doctor.) _____

Does your child have any known allergies? No ___ Yes ___ If yes, explain: _____

Does your child have any chronic illnesses/conditions? No ___ Yes ___ If yes, explain: _____

If neither parent/guardian can be reached, please contact:

Name _____ Home Phone _____ Work Phone _____
(Name) (Relationship)

Name _____ Home Phone _____ Work Phone _____
(Name) (Relationship)

Name _____ Home Phone _____ Work Phone _____
(Name) (Relationship)

Name _____ Home Phone _____ Work Phone _____
(Name) (Relationship)

If you cannot call for your child, please give the names of persons to whom the child can be released: _____

Signature of Parent/Guardian _____

Date _____

EMERGENCY MEDICAL AUTHORIZATION

I authorize First Baptist Children's Ministries staff to authorize Emergency Medical personnel or the physician of their choice to provide emergency medical care in the event that neither parent can be contacted immediately.

(Signature of Parent/Guardian)

(Date)

FIELD TRIP AUTHORIZATION

I authorize First Baptist Children's Ministries to take my child on field trips, either on foot or in an authorized vehicle, supervised by staff members of FBC Children's Ministries.

(Signature of Parent/Guardian)

(Date)

PHOTO AUTHORIZATION

I authorize First Baptist Children's Ministries to take pictures of my child that may be used for crafts, posted around the church, posted on the church website, and possible submission to local newspapers.

(Signature of Parent/Guardian)

(Date)

DISSMISSAL POLICY

The FBC Children's Ministries reserves the right to dismiss a child for reasons resulting from a child's inability to adjust to group experiences, for not following the rules or for non-payment.

(Signature of Parent/Guardian)

(Date)

_____ I am interested in receiving more information about family activities from First Baptist Church.