

Enrollment Form

Sardis Baptist Church After School and Summer Program

This institution is an equal opportunity provider

Date submitted _____

Child's Name _____ **Birthdate** _____ **Gender** _____

Child's current grade (school year) _____ Year just completed (summer camp) _____ School _____

Parents' Relationship to Each Other: Married Divorced Separated Single

If divorced, a copy of the Divorce Decree noting guardianship, days of visitation, etc. must accompany this form.)

Child lives with (please check all that apply):

Mother and Father Mother Father Other _____

Father's Name or Guardian _____ **Driver's License** _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Pager _____ Cell _____

Mailing Address if different from above _____

Mother's Name or Guardian _____ **Driver's License** _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Work Phone _____ Pager _____ Cell _____

Mailing Address if different from above _____

Write the phone number we should use to contact parent/guardian first? _____

How did you find out about our program? _____

Has your child(ren) previously been enrolled in an after school program? _____

Where: _____

List at least one person who will be available to assume responsibility for your child in an emergency if parents cannot be reached.

Name _____ **Relationship to child** _____

Home Address _____ **Driver's License** _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Home Phone _____ Work Phone _____ Cell _____

Release of Child

I authorize that my child _____, be released by Sardis Baptist Church After School Program to the following persons, in addition to those already listed on the form.

Name _____ Relationship to child _____

Home Address _____ Driver's License _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Home Phone _____ Work Phone _____ Cell _____

Name _____ Relationship to child _____

Home Address _____ Driver's License _____

City _____ State _____ Zip _____

Occupation _____ Employer _____

Home Phone _____ Work Phone _____ Cell _____

EMERGENCY MEDICAL CARE

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Sardis Baptist Church After School Program staff to take my child to an Emergency room, or to the following physician or his/her associates, for medical care.

Dr. _____ Hospital _____

Address _____ Phone _____

City _____ State _____ Zip _____

Allergic to _____

Special Instructions _____

I give consent for any and all treatment deemed necessary by the attending physician. Attach a photocopy of your insurance card.

Signature of Parent/Guardian

Date Completed

State of _____ **County of** _____

This instrument was acknowledged before me on (date) _____

(Notary Seal)

Signature of Notary Public