

Application Date: \_\_\_\_\_

# Children's Ministries

Program \_\_\_\_\_

## First Baptist Church of Mebane

Class/Grade \_\_\_\_\_

301 S. Third Street, Mebane, NC 27302 (919) 563-3444 or (336) 516-4500

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
(Last) (First) (MI) (Nickname)

Child's Address \_\_\_\_\_ SS# \_\_\_\_\_

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: \_\_\_\_\_

Has your child ever been in an afterschool program? \_\_\_ If so, where? \_\_\_\_\_ and why did you remove them from the program? \_\_\_\_\_

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)

## MEDICATION AUTHORIZATION

I authorize First Baptist Children's Ministries staff to apply antiseptic types of medication, i.e. Neosporin, peroxide, antiseptic wash, as well as the following medication(s) to my child:

Medication(s) and Instructions

---

---

---

(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)

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.

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