

**First Baptist Church Kids' Academy
Enrollment Form
School Year 2009-2010**

AGREEMENT

I have read and will abide by both the above agreement and policies as stated in the Parent Handbook and I affirm that this enrollment form is correct to the best of my knowledge.

Signature of parent or guardian

Date

Signature of Notary and/or Witness

Date

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Medical and General Release Form

I hereby authorize First Baptist Church Kids' Academy to take my child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent nor guardian can be reached.

I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the before named physician cannot respond.

In the event neither parent nor guardian can be reached in the case of an emergency, I give permission for the staff of the First Baptist Church Kids' Academy to secure proper treatment for, and/or consent to any treatment, injection, hospitalization, anesthesia or surgery deemed necessary for an injury or illness sustained by my child.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to their authorization.

Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned further agree to hereby release, forever discharge and agree to hold harmless First Baptist Church and the directors of Kids' Academy thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and their child-participant that occur while said child is participating in any trip or activity with First Baptist Church.

Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

I hereby authorize FBC and its acting leaders to teach and lead my child in religious lessons and services which may include prayer and Bible teaching.

I understand my child will not be released to anyone except the persons I have listed on this form. Any change in this procedure must be given in writing to the Director of Kids' Academy Office to be placed on file.

The medical consent and liability waiver provisions hereof shall remain in full force throughout the current school year and in effect until written notice of revocation or withdrawal is received by FBC at its office at 127 E. Kimbrough, Mesquite, Texas. It is the responsibility of the parent or guardian to notify the church of any changes in medical condition, guardianship, address or phone change in writing to the address listed on the original enrollment form.

	/	
Signature	Date	Relationship to student
	/	
Signature	Date	Relationship to student

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Medical Information

Child's Name: _____ DOB: _____

In an EMERGENCY, notify the following in the order indicated:

1. Name: _____ Relationship: _____

Emergency Phone: _____

2. Name: _____ Relationship: _____

Emergency Phone: _____

3. Name: _____ Relationship: _____

Emergency Phone: _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Hospital Insurance YES NO Policy Number _____

Name of Insurance Company _____

Attach a copy of the Insurance Card

Immunizations must be current -- Attach a copy of Shot Record to Enrollment Form for each child attending Kids' Academy

Check if your child has had: Chicken Pox Measles Mumps
 Whooping Cough Other _____

List any allergies to food, insect bites or drugs and severity [mild, moderate, severe]:

Any serious illness/dates: _____

Current Medication: _____

Special Diet: _____

Medical Limitations: _____

Additional Comments:

[Over, please]

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Additional names are listed on back

Child's Full Name:

D.O.B.:

Primary Address [Street Address & City, Zip]:

Nickname [if any]:

Child's Full Name:

D.O.B.:

Primary Address [Street Address & City, Zip]:

Nickname [if any]:

RELIGIOUS PREFERENCE/CHURCH AFFILIATION

Religious Preference:

Church Affiliation:

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My child will be attending [Check one]:

Tuesday **Thursday** **Both Days**

Child's Full Name: _____

D.O.B.: _____

Primary Address [Street Address & City, Zip]: _____

Home Phone: _____ Nickname [if any]: _____

If more than one child, additional children & birthdates are listed on back and child's shot records are attached.

Mother: _____ Cell #: _____

Address [if different from child]: _____

Employed by: _____ Work #: _____

Driver's License # [Copy on file]: _____

E-mail address: _____

Father: _____ Cell #: _____

Address [if different from child]: _____

Employed by: _____ Work #: _____

Driver's License # [Copy on file]: _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD OR IN CASE OF EMERGENCY

(For the protection of your child, NO child will be released to a person whose name is not on this list unless we receive written authorization. Copy of Driver's License for each authorized person must also be on file).

Name: _____ Relationship: _____

DL #: _____ Phone: _____

Name: _____ Relationship: _____

DL #: _____ Phone: _____