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| <input type="checkbox"/> Holiday Care | <input type="checkbox"/> Summer Camp |
|---------------------------------------|--------------------------------------|

Child's Name _____ **Birthdate** _____ **Sex** _____

Name Child Called at Home: _____ Grade: _____

Social Security Number: _____ (Requested by paramedics in case of emergency)

Parents Relationship to Each Other: Married Divorced Separated Single

Child Lives With (Please check all that apply):

Mother and Father Mother Father Other _____

| | |
|---------------------------|---------------------------|
| Mom's Name: | Dad's Name: |
| Mom's Address: | Dad's Address: |
| Mom's Home Phone: | Dad's Home Phone: |
| Mom's Employment: | Dad's Employment: |
| Mom's Employment Address: | Dad's Employment Address: |
| Mom's Work Phone: | Dad's Work Phone: |
| Mom's Cell Phone: | Dad's Cell Phone: |

Name of Church Parents Attend: _____

How did you find out about our program? _____

Emergency Contacts/Persons whom your child can be released to:

| Name | Relationship to child | Phone Number | Address | Release to Yes or No |
|------|-----------------------|--------------|---------|----------------------|
| | | | | |
| | | | | |
| | | | | |

Parent/Guardian Signature: _____

Office Use: Smart Tuition Registration

Allergies: food, etc.

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Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Calvary Baptist Church Weekday Ministry staff to transport my child to Flowers Hospital Emergency Room or to the following hospital. I agree to be responsible for any emergency medical expenses incurred. I give permission for the Calvary Baptist Church Weekday Ministry to administer Syrup of Ipecac to my child in accordance with instructions from the poison control center.

Name of Hospital: _____ Phone: _____

Child's Regular Physician _____ Phone _____

Special Instructions (allergies, etc.) _____

****The Department of Human Resources does not inspect away-from-facility activities, including swimming, transportation, or any other activities. The licensee shall assume full authority and responsibility for activities away from the facility.**

I give permission for my child to participate in: (Circle yes or no and sign each line)

| | | | | |
|--|-----|----|------------------------------|------|
| Activities away from the facility | Yes | No | Signature of parent/guardian | Date |
| Swimming/wading activities provided by the facility | Yes | No | Signature of parent/guardian | Date |
| I understand that all fees are non-refundable and are due the week camp is attended. | Yes | No | Signature of parent/guardian | Date |

This form is not valid without the signature of child's parent/guardian in each space above.

*****Please be advised that Calvary will not be held responsible for any items that are lost during care, names must be on all items brought.*****

Parent/Guardian Signature: _____