

Welfare Baptist Church Summer School Enrichment Enrollment Form

Today's Date: _____ Enrollment Date: _____

Child's Name: _____ Home Phone #: _____

Named Called _____ Cellular# _____

Birth Date _____

Address: _____

Mother's Name _____ Work # _____

Father's Name _____ Work # _____

Emergency Contact: _____ Phone # _____

Persons allowed picking up your child

- 1. Name _____ DL# _____
- 2. Name _____ DL# _____
- 3. Name _____ DL# _____

If it is necessary to medical attention for my child and I can not be reached the director or staff of Welfare Baptist Church Summer School Enrichment Program has permission to authorize any medical treatment deemed necessary.

Parent's Signature _____ Date _____

Insurance Company _____

Policy Holder's Name _____ Policy # _____

I give my permission for Welfare Baptist Church Summer School Enrichment Program to dispense prescription medication as directed by myself in writing.

Parent's Signature _____ Date _____

Welfare Baptist Church Summer School Enrichment Program has my permission to transport my child on field trips in vehicles provided for each trip. Another permission form will be given prior to each field trip.

Parent's Signature _____ Date _____

**Welfare Baptist Church
Summer School Enrichment Program
Emergency Release Form**

Consent for Emergency First Aid and Transportation

I hereby give permission that my child, _____, may be given emergency treatment by a qualified staff member of Welfare Baptist Church Summer School Enrichment Program. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree to hold Welfare Baptist Church Summer School Enrichment Program and its employees blameless.

Parent's Signature _____ Date _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold Welfare Baptist Church Summer School Enrichment Program blameless.

*****The licensee shall not be responsible for providing or paying for child's health care.

I agree that neither I nor my child will bring any claims of any kind against Welfare Baptist Church Summer School Enrichment Program and its employees as a result of any injuries, expenses Or damages that I or my child may suffer in any related to the use of our facilities, toys, other Children, teachers, whether such claims are know or unknown, or arise in the future.

Emergency Information

1. Child's Physician _____ Phone # _____
 2. Preferred Hospital _____ Phone # _____
 3. Insurance Company _____ Phone # _____
 4. Regular Medications _____
 5. Blood Type _____
 6. Medicine Allergic To _____
 7. Food Allergic To _____
 8. Other Allergies _____
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