



FIRST BAPTIST CHURCH SANGER – MDO APPLICATION FOR ADMISSION

TUESDAY AND THURSDAY

Child's Name _____ Home Phone _____

Home Address _____ City _____ Zip _____

Age (as of Sept. 1) _____ Birthdate _____ Sex: (M) (F)

Father's Name _____ Work Phone _____ Cell Phone _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Email Address _____ Church Affiliation _____

Approved Pick Up List:

List of persons and phone numbers who are approved to pick up your child or that may be called in case of any emergency:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

Medical Information:

List **any** allergic reactions (medications, food, seasonal etc.) _____

	Check	Date	Please Explain
Convulsions			
Bronchitis			
Seizure Disorder			
Kidney Ailment			
Heart Ailment			
Asthma			
Diabetes			
Tuberculosis			

Check any of the following your child has had: (please include date)

Please indicate any other conditions/special needs of your child _____

Family Physician: _____ Phone _____

Immunizations: **Please attach updated immunization record.**

Medical Release

I hereby give my permission to the FBC Mother's Day Out personnel to secure any emergency medical treatment needed for my child, if I am unable to be contacted.

Parents / Guardian Signature

Date

Media Release for Minors

I hereby give my permission for the FBC Mother's Day Out to use the images of my child. These images would only be used on our closed Facebook Page (**Fbc Elc**) and or in publications and promotional materials relating to the ministries of FBC .

Parents / Guardian Signature

Date

For Office Use Only:

Date Form Received: _____ **Date Registration Received:** _____

Check Number _____ **Amount Received** _____

Initials _____

Last update: 8-7-17