



FIRST BAPTIST CHURCH SANGER MDO APPLICATION FOR ADMISSION

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

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

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

Family Physician _____ Phone _____

Immunizations: **Please attach updated immunization record, or provide a notarized official affidavit for medical exemption.**

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 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 Fee Received:** _____

Check Number _____ **Amount Received** _____

Initials _____