

First Baptist Church Blountville Afternoon Hangout Ministry Participation Authorization

Child's Information

Child's Name: _____
Last First Middle

Mailing Address: _____

City: _____ State and Zip: _____

Name Child Goes By: _____ Date of Birth: ____ - ____ - ____

School: _____ Grade: _____

Home Church: _____

Family Information

Parent(s) or Guardian(s): _____

Street Address: _____

City: _____ State and Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

If parents are separated, with whom does the child reside? _____

Other Children in the Family

Name: _____ Date of Birth: ____ - ____ - ____ School if applicable: _____

Name: _____ Date of Birth: ____ - ____ - ____ School if applicable: _____

Name: _____ Date of Birth: ____ - ____ - ____ School if applicable: _____

Transportation and Child Release Plan

To insure the safety of your child, please list up to four adults to whom your child may be released to and are authorized to provide transportation. They should be prepared to present a photo ID, if requested. Your child will not be released to an unauthorized person.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

To insure the safety of your child, please list any adult(s) to whom your child is **NOT ALLOWED** to be released to.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

By filling out and signing this form, I, the parent or guardian of the above child, give permission for my child to be on the property of First Baptist Church Blountville and to participate in preschool and children's ministries. This participation will include, but may not be limited to, biblical instruction, contact and non-contact games, food consumption, individual and group discussions, carefully selected audio and video presentations, and transportation to and from First Baptist Blountville. This also gives permission for church leaders to contact my child or family by phone, home visit, or by mail concerning children's events and ministry opportunities and to send correspondences such as birthday and get well cards.

Parent or Guardian Signature: _____ **Date:** _____

Additional Information

The answers to these questions will help us provide the very best care for your child. We also need this information in case he/she should become ill and we would be unable to reach you right away.

MEDICAL INFORMATION

1. ___ Yes ___ No Is your child taking any medication?
If yes, please list _____
2. ___ Yes ___ No Any allergies or reactions to medication?
If yes, please list _____
3. ___ Yes ___ No Any food allergies?
If yes, please list _____
4. ___ Yes ___ No Any allergies to insects?
If yes, please list _____
5. ___ Yes ___ No Does your child have asthma or difficulty breathing?
6. ___ Yes ___ No Does your child have speech or hearing problems?
7. ___ Yes ___ No Does your child have trouble with his/her eyes or seeing?
8. ___ Yes ___ No Does he/she have seizures, fits, or shaking spells?
9. ___ Yes ___ No Is your child able to play as hard as other children?
10. ___ Yes ___ No Is your child hemophiliac (free bleeder)?
11. ___ Yes ___ No Is your child on a heart monitor?
12. ___ Yes ___ No Does your child have tubes in his/her ears?

GENERAL DEVELOPMENT

13. ___ Yes ___ No Is your child in a special education class?
 14. ___ Yes ___ No Does your child get along with other children?
 15. ___ Yes ___ No Is he/she usually happy?
 16. ___ Yes ___ No Does your child have any special problems or needs not indicated above?
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INSURANCE & PHYSICIAN INFORMATION

17. ___ Yes ___ No Is your child covered by personal/family medical insurance?
If yes, name of insurer _____ Policy/Group # _____ Child's
Physician _____ Office Phone _____
Physician's Office Address _____

EMERGENCY INFORMATION

Please give an authorized person's name to act on behalf of the parent in an emergency other than the parent or employee of First Baptist Church Blountville

1. Name: _____
Cell Phone: _____ Work/Home Phone: _____ Relationship: _____
2. Name: _____
Cell Phone: _____ Work/Home Phone: _____ Relationship: _____

PERMISSION TO PUBLISH PHOTOS

Occasionally, First Baptist Church Blountville may wish to publish photographs or short video clips of children involved in church-sponsored activities on an Internet-accessible web server, (no names attached to photographs) a church audio-visual system, or display photographs in a church publication (bulletin, newsletter, special mailing, etc.) Do you give permission for your child to be included in these publications?

Custodial Parent/Guardian: _____ Date: _____

PARENT HANDBOOK SIGNATURE

must be signed and returned with Participation Authorization Form to be fully registered for Afternoon Hangout 2022-2023

After reading the Parent Handbook, please sign the appropriate lines below.

We, the parent(s)/guardian(s) of

_____ have read and understand the contents of the Parent Handbook.

We agree to follow all the policies outlined in the Parent Handbook. We understand and agree to make full payments at the end of each week for each child registered. We understand that First Baptist Blountville reserves the right to dismiss your child at any time from Afternoon Hangout and amend policies and procedures when necessary, and that we will abide by the changes.

Signature of Parent/Guardian_____

Date_____