

Child's Last Name	First		Middle
Child's Address	City		State Zip
Birth Date/ Phone	Church m	nember? Y/N N	Where
Previous Childcare (if applicable)			
Medications taken regularly			
Allergies/Reactions			
Father's Name	SS#		Birth Date//
Address 🔲 Same as child 🗌 Other			
Employer		Work phone _	
Cell phone	May we text you? Y	//N May we s	end picture messages? Y/N
E-mail Address you will cheo	ck often		
Mother's Name	SS#		Birth Date//
Addres Same as child Other			
Employer		Work phone _	
Cell phone	May we text you?	Y/N May we s	send picture messages? Y/N
E-mail Address you will cheo	k often		

Statement of Cooperation

In making application for my child, I take full responsibility for all weekly and/or monthly fees as well as penalty fees incurred in regards to my child's enrollment at Firm Foundations. I understand that there are no refunds on registration fees (materials included). I will also give a two week written notice upon leaving this program along with the full tuition for the remainder of my term.

I also give permission for my child to take part in all school activities and absolve the school/church from liability to me or my child because of any injury to my child at school/church or during any activity.

Parent's Signature

Date _____

Date _____

Consent and Release

As a participant at "First Baptist Church Arnold" and/or "Firm Foundations Christian Academy and Learning Center", I understand that by signing below, my child's narrative, vocal, musical, voice over, choreographic, dramatic presentation or photograph, may be recorded as part of audio, visual (including yearbooks), or audio-visual recordings, including but not limited to recordings and/or video media, radio and/or television broadcasts, and internet broadcasts in all formats known or hereafter known. I agree that "First Baptist Church of Arnold" is the sole owner of all rights to aforementioned recordings of my child's performances. I further agree that I will not assert any claim to any person or entity for royalties, residuals, or any further compensation with regard to the making of the aforementioned recordings, and any exploitation (or public performances thereof) in all media, now and hereafter known (including broadcasts) without limitation. This will serve as the only authorization required for the duration of my child's enrollment.

Parent Signature_____

Date

Authorization for Emergency Medical Treatment

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are:

Child's Physician	Phone
Preferred Hospital	Phone
Parent Signature	Date

Pick-up/Emergency Contact Authorization

Person/persons authorized to take child from the facility: (Persons not on this list will not be allowed to remove the child from the facility. No exceptions. You may add/delete names at any time in person. No phone alterations will be allowed. Photo ID is required for all persons picking up child/children.) Employees of this facility are not allowed to be the authorized pick-up or emergency contact for any child that is not directly related to them and the facility will not be responsible for any misuse of authorization or care that is not directly provided by an employee of this facility while on duty. Parents need not list themselves.

Name	Relationship to child	Home Phone	Cell Phone
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