



Child's Last Name _____ First _____ Middle _____

Child's Address _____ City _____ State _____ Zip _____

Birthdate ___/___/___ Phone _____ Church member? Y/N Where _____

Previous School (if applicable) _____

Medications taken regularly _____

Allergies/Reactions _____

Father's Name _____ SS# _____ Birthdate ___/___/___
(Required fields for billing purposes)

Address Same as child Other _____

Employer _____ Work phone _____

Cell phone _____ E-mail Address _____

Mother's Name _____ SS# _____ Birthdate ___/___/___
(Required fields for billing purposes)

Address Same as child Other _____

Employer _____ Work phone _____

Cell phone _____ E-mail Address _____

Statement of Cooperation

In making application for my child, I take full responsibility for all weekly and/or monthly 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 cassettes, radio and/or television broadcasts, and Internet broadcasts in all formats known or hereafter known. I agree the "First Baptist Church 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 other 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.

Name	Relationship to Child	Home Phone	Cell Phone
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			

