

# Afterschool ~ Summer Camp Enrollment Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ School Child Attends \_\_\_\_\_ Grade \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Marital Status of Parents ~ ( ) Married ( ) Divorced ( ) Separated ( ) Single  
Person who has legal custody \_\_\_\_\_

If there is a custody issue, may both parents pick your child up? Yes \_\_\_\_\_ No \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Persons authorized to pick your child up:

Name _____	Relationship to child _____	Phone _____
Name _____	Relationship to child _____	Phone _____
Name _____	Relationship to child _____	Phone _____

Emergency Contact Numbers (These persons must also be authorized to pick your child up.)

Name _____	Relationship to child _____	Phone _____
Name _____	Relationship to child _____	Phone _____
Name _____	Relationship to child _____	Phone _____

Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: (Please list allergy and the reaction that occurs.)  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medical conditions you child has: \_\_\_\_\_  
\_\_\_\_\_

Please list all medications you child is taking:  
\_\_\_\_\_  
\_\_\_\_\_

I, (We) The undersigned parent, parents, or legal guardian of the child indicated on this release, who is a minor, hereby authorize Gateway Baptist Church staff or volunteers to attend to any medical needs arising from the activities in which my child will be participating. It is understood that every effort shall be made to contact the undersigned prior to giving serious medical treatment, but that treatment will not be withheld if the undersigned cannot be reached. In addition, I give my permission for my son/daughter to participate in Gateway Baptist Church After School Program activities, and waive any claim against Gateway Baptist Church, its staff, and volunteers.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

I give permission for my child to be included in photographs and videotaping of Gateway Baptist Church Afterschool/Summer Camp Programs. I understand that this material might be used for newsletters, promotional materials and TV or Newspaper articles.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

