



**AFTER SCHOOL CARE 2011-2012  
 SUMMER ADVENTURES 2012  
 FIRST BAPTIST CHURCH  
 SMITHFIELD, N.C. 27577  
 934-1829**

**OFFICE USE ONLY**

Reg. fee \_\_\_\_\_

Check # \_\_\_\_\_

Date Rec'd \_\_\_\_\_

\_\_\_ASC 2011-2012

\_\_\_Summer Adventures 2012  
 (Continuing from 2010-2011)

\_\_\_Summer Adventures  
 (Summer Only)

Name of Child \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Birthdate \_\_\_\_\_ SS# \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Occupation & Business Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Occupation & Business Address \_\_\_\_\_

Brothers & Sisters (names & ages) \_\_\_\_\_

Parents' Marital Status: Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

Church Preference \_\_\_\_\_ Address \_\_\_\_\_

If you cannot call for your child, please give the names of persons to whom the child can be released:

I GIVE MY PERMISSION FOR MY CHILD TO BE TRANSPORTED BY FIRST BAPTIST CHURCH AFTER SCHOOL CARE AND/OR SUMMER ADVENTURES AND TO GO ON ANY PLANNED FIELD TRIPS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE OF ANY FIELD TRIPS FROM THE CHURCH.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CARE INFORMATION**

Parent to contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician's name \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist's name \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital preference \_\_\_\_\_

If neither father nor mother (nor guardian) can be contacted, call:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, I authorize the staff of First Baptist Church Summer Adventures and/or the After School Care program to provide and/or seek emergency medical care for my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

1. List allergies:

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Physical handicaps:

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2. Is your child on any medication? If so, please list below:

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3. Please give any information concerning your child which will be helpful in this experience (such as special fears, special likes or dislikes, etc.)

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4. Please comment on what you would like to see happen for your child, stating interests, hobbies, and anything else that might help our planning.

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5. If your child will leave early or not attend some days because of other activities, please list day, times and activities.

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