

Calvary Baptist Church Parent's Day Out
Child Enrollment Form / Information Sheet

Student Information

Child's name _____
 Last First Initial

Name used at home _____ DOB ___/___/___ Sex _____

Parent/Guardian Information

Parent A's Name _____ Occupation _____
Home address _____ zip _____ Phone _____
Business Address _____ Phone _____
Cell phone _____ Email _____

Parent B's Name _____ Occupation _____
Home address _____ zip _____ Phone _____
Business Address _____ Phone _____
Cell phone _____ Email _____

Guardian's name (if applicable) _____
Home address _____ zip _____ Phone _____
Business Address _____ Phone _____
Cell phone _____ Email _____

Brother(s) and/or Sister(s) name(s) and age(s)

Name of church child attends _____

Does the child have any fears? _____

Additional Information (Non-Health Related)

Calvary Baptist Church Parent's Day Out Program
Emergency Contact Information

Emergency Information

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Allergies, Diseases, Physical Conditions, Special Needs, etc...

Emergency Contacts:

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____

Cell: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____

Cell: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____

Cell: _____

Calvary Baptist Church Parent's Day Out Program
Release Authorization

Child's Name _____

The following is a list of people that Calvary Baptist Church Parent's Day Out Program may release my child into their custody. I understand that anyone on this list may be required to show photo identification before Calvary Baptist Church Parent's Day Out Program releases my child.

Parent or Guardian Signature _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

Parental permission for media, web or other publication of student's photograph, likeness, and/or work

This form is used to establish formal parental permission for students and their work to be shown in photographs for our website or for public information. Please call the school if you have any questions.

*I give permission for myself or my child to be photographed by personnel of CBC for the use of the Calvary Baptist Church program or in promotional materials
_____ YES _____ NO

*I give permission for my child's photo/work to appear on the CBC website/Facebook page.
_____ YES _____ NO

Parent's Signature _____

Calvary Baptist Church Parent's Day Out Program
Medical Authorization /Appointment of Agent

I, _____, (parent/guardian name)
do hereby appoint Calvary Baptist Church Parent's Day Out Program, of
lawful age as my agent and representative for the purpose of authorizing and
consenting to hospital care and/or medical care and treatment of
_____ (child's name) for any illness or injury that may
occur while such person is in the care of custody of the agent while I am
away, on vacation, or otherwise not immediately available to give such
consent.

Information for Emergency Room

Child's Birthday: _____

Child's Physician: _____ Phone: _____

Drug Allergies: _____

(Parent or Guardian Signature)

(Date)

(Insurance Company)

(Policy Number)

(Witness)