



2010-2011

# Bible Club Enrollment & Medical Release Form

Child's Name: \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Male  Female

My child qualifies for free lunch

My child qualifies for reduced lunch

Ethnicity of Child:

Euro American (Caucasian)

African-American

Asian American

Native American

Hispanic/Latino American

Multi / Bi Ethnicity American

Middle Eastern American

\_\_\_\_\_

**Medical Information / Special Requests** (Required):

Please list any physical or mental disability or disease (HIV/AIDS, Depression, Diabetes, Epilepsy, Dyslexia, Asthma, ADHD, Cancer, Allergies, etc.)

that your child may suffer from which may affect your child's health while involved in City Impact programs. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any medication, regular treatment, or special diet that may require supervision while your child is involved in City Impact programs. Please explain the reason for the medication or treatment. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any special services your child may receive during the regular school day (Social Worker, Resource Room, ESL, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Family Information:**

Parental Status:  Single  Married  Widowed  Divorced  Separated  Re-married

Custodial & Legal Guardian is:  Both Mother & Father  Mother  Father  Other \_\_\_\_\_

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

What Church does your family attend? \_\_\_\_\_ Would you like more information about Churches in the area? Y N

There is a Women's & Men's Bible Study that meets during Bible Club. Would you be interested in attending or getting more information about these

studies? (circle all that apply) Yes- Men's Study Yes- Women's Study No Thanks.

**Mother / Legal Guardian Information:**

First and Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Best time to contact:  Morning  Afternoon  Evening  Any

**Father / Legal Guardian Information:**

First and Last Name \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Best time to contact:  Morning  Afternoon  Evening  Any



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Emergency Contact (If parent/guardian cannot be reached):

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

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

Is there anyone who **can not** have contact with your child?  Yes  No If yes, whom? \_\_\_\_\_

## T-Shirt Size

Youth: 8-10     Youth: 10-12     Youth: 14-16     Adult: S     Adult: M     Adult: L     Adult: XL

Adult: XXL

## Program

Bible Club—Tuesday—6:00—8:00pm—Preschool—Grade 5

## Pick Up—All Students Grade 3 & Below Must Be Picked Up & Escorted Out Of The Building By An Adult

Walk Home     Walk Home with Older Sibling \_\_\_\_\_ (name)     Picked Up

## Permission:

Yes     No    I give City Impact permission to use photographs, video, writings, artwork, etc. for promotional materials, presentations and documentary purposes.

Yes     No    I give City Impact staff and volunteers permission to transport my child for program purposes.

Yes     No    I give City Impact permission to share and receive necessary information from school and other agency partners to assist with providing the best program experience for my child. All information at City Impact is kept confidential and secure.

Yes     No    I have read City Impact's parent-student handbook. My child understands and agrees to abide by the guidelines set forth in this handbook.

I hereby release City Impact, its staff and volunteers, from responsibility and liability for any injury or illness that my child or myself may sustain during this activity. In the event of an emergency, I hereby authorize examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect the contact person to be contacted as soon as possible. By signing below I give permission for my child to participate in City Impact program activities. I understand that City Impact does not carry health and accident insurance for my child/youth, and that I as guardian will be primarily responsible in case of injury where bills are incurred. I will work as a partner with staff to ensure my child is successful in the program. I will notify City Impact of any changes to the information in a timely manner.

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date