First Baptist Church – Sanford, NC

After School Program

Student Application

Name of Child_____
(Last) (First) (Nickname)

Age of Child_____ Birth date _____

School _____

Family Information:

Father's Name _____Daytime phone_____

Address_____
(Street) (City) (State) (Zip)

Where employed_____ Phone_____

Mother's Name _____ Daytime phone _____

Address _____
(Street) (City) (State) (Zip)

Where employed_____ Phone_____

Other emergency number contacts:

Name_____ Phone_____

Name_____ Phone_____

Information about your child:

Any Allergies? _____

Any Medical conditions? _____

Emergency Care information:

Name of Child's doctor _____ Phone _____

Name of Child's Dentist_____ Phone _____

Hospital Preference_____

I agree to allow First Baptist Church to seek emergency medical care in the event that I cannot be reached.

Date_____ Signature of Parent_____

The undersigned agrees to release, forever discharge, indemnify and hold harmless First Baptist Church of Sanford, NC, a NC nonprofit corporation (Church), and its employees, from any loss, damages, or liability of any kind, including property damage, attorneys' fees, personal injury or death to the undersigned or student, arising out of use of the Church's facilities, premises, or by any motor vehicles owned by the Church. The undersigned further agrees that the undersigned's policy of insurance (medical, health, life, etc.) shall insure the undersigned or student against such loss, damages, or liability as described above, and not any such insurance coverage of the Church, and the undersigned agrees that such insurance shall be in full force and effect at the time of use of the church's facilities.

Date _____ Signature of Parent _____

Date accepted_____ Supervisor's Signature_____