

First Baptist Church After School Care

202 Summitt Dr. Sanford, NC 27330

Name of Child _____
Age _____ Gender _____ Birthdate _____
School _____ Grade ('24-'25) _____

Family Information

Mother's/Guardian's Name _____ Phone _____
Address _____ City _____ State/Zip _____
Where employed _____ Phone _____
Email address _____
Father's/Guardian's Name _____ Phone _____
Address _____ City _____ State/Zip _____
Where employed _____ Phone _____
Email address _____

People authorized to pick up your child

Name _____ Phone _____
Name _____ Phone _____

Other emergency contact

Name _____ Phone _____

Information about your child

Allergies _____
Any other medical conditions _____

Emergency Care information

Name of child's Doctor _____ Phone _____
Hospital Preference _____
Insurance Co _____ Group # _____ Policy # _____

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

Signature of parent _____ Date _____

Other Information / agreements (check box & initial on the lines below)

☐ YES ☐ NO Pictures of your child may be used for After School marketing/social media purposes.

_____ A non-refundable payment of \$50 is included with this registration form.

_____ A copy of my child's insurance card is attached.

_____ Withdrawal requires two weeks' notice and full tuition in full for that two week period.

The undersigned agrees to indemnify and hold harmless First Baptist Church of Sanford, NC, a NC nonprofit corporation (Church), its employees, agents, volunteers, and members from any loss, damages, or liability of any kind, including property damage, attorneys' fee, personal injury or death to the undersigned or student, arising out of use of the Church's programs, facilities and/or premises; or during transportation to and from the Church's programs, facilities and/or activities. The undersigned further agrees that the undersigned policy of insurance provided by the parent or guardian on behalf of the child shall insure against any losses, damages, or liability as described above, and not any insurance coverage provided by 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 programs, facilities and/or activities.

Date _____ Signature of parent _____

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Medication Authorization Form

For Prescription and Non-prescription (OTC) Medication

*Each medication needs a separate authorization form. Multiple medications cannot be listed on one form.

*If an EpiPen is prescribed, a separate action plan must accompany this document.

*If an inhaler for asthma is prescribed, a separate action plan must accompany this document.

Section A: To be completed by parent/guardian

Child's first and last name
Child's known allergies

Section B*: To be completed by child's physician

I, _____ order the medication listed to be administered.		
Name of medication		Strength
Dosage	Times to be given	Frequency
Reason the child is taking this medication (unless confidential by law)		
Describe any additional training, procedures or competencies the child's program staff will need to know.		
This authorization form is effective from : _____ until _____. <div style="display: flex; justify-content: space-around;">(start date)(end date)</div>		
Physician's signature		
Date	Physician's phone number	

Section C: To be completed by parent/guardian

I, _____, authorize First Baptist Church After School Care staff to administer this medication as specified in this medication form.	
Parent's signature	Date