

CHOCTAW ROAD BAPTIST CHURCH
14971 E RENO AVE
CHOCTAW, OK
405-390-9002

Enrollment Form
(enrollment fee due at time of enrollment)

Child's Name _____ Nickname _____

Please mark: Both Days _____ Tuesday only _____ Thursday only _____

Address _____

Age _____ Birth Date _____ Gender _____

Parent/Guardian _____ Relationship to child _____

Address _____

City _____ Zip _____ Home phone # _____

Work phone # _____ Cell phone # _____

Parent/Guardian _____ Relationship to child _____

Address _____

City _____ Zip _____ Home phone # _____

Work phone # _____ Cell phone # _____

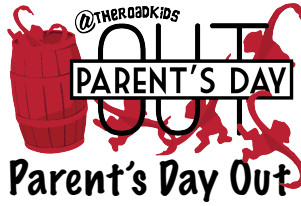
Child lives with: (check one) Both parents _____ Mother _____ Father _____ Guardian _____

Email address for newsletters and other info: _____

Individuals authorized to pick up your child (other than legal guardians listed above):

	Name	Relation to child	Phone number
1.	_____	_____	_____
2.	_____	_____	_____

Medical Concerns/Allergies: _____



CHOCTAW ROAD BAPTIST CHURCH
14971 E RENO AVE
CHOCTAW, OK
405-390-9002

MEDICAL/PERMISSION AND RELEASE FORM

Child's Name _____ Today's Date _____

Date of Birth _____ Age _____ Male or Female _____

Parent/Guardian _____ Relationship to child _____

Address _____

City _____ Zip _____ Home phone # _____

Work phone # _____ Cell phone # _____

Parent/Guardian _____ Relationship to child _____

Address _____

City _____ Zip _____ Home phone # _____

Work phone # _____ Cell phone # _____

In case of emergency and parent/guardian(s) is unavailable, notify:

1. _____ Phone _____

2. _____ Phone _____

Name of Child's Doctor _____ Phone _____

Insurance Company _____ Policy ID# _____

Date of last Tetanus shot _____

Allergies or Other Medical Concerns: _____

If your child needs any prescription medication during school hours, it must be administered through office personnel only.

My permission is granted for a Choctaw Road Baptist Church staff member or sponsor to obtain necessary medical attention in the case of sickness or injury for:

_____ (name of child)

If a medical emergency occurs and I cannot be reached, I authorize the persons in charge of the CRBC Parent's Day Out program to take my child to the nearest emergency room and/or call my physician. I assume all financial responsibility for any accidents occurring while at PDO or on the premises of Choctaw Road Baptist Church. I, the undersigned, do hereby release, and forever discharge Choctaw Road Baptist Church and its staff and/or sponsors from any and all claims, demands, actions, or cause of action, past, present, or future, arising out of damage or injury while participating in any event.

Parent/Guardian Signature: _____ Date _____

Acknowledgements and Permissions

Photography and Video Imaging

To show how much fun your child experiences as well as for advertising purposes, we frequently take pictures and video of the children participating in various activities associated with PDO. We may use the images on our website, our Facebook page, projects, bulletin boards, or other church purposes. There may be written identification associated with the image.

I give permission to use my child's photo for educational and advertising purposes.

YES or NO (circle one)

Topical insect Repellent and Sunscreen

I give permission for the staff of CRBC to apply topical insect repellent and/or sunscreen on my child if necessary for outdoor activities. I will supply CRBC PDO with the topical insect repellent and/or sunscreen that is to be used on my child and my child only.

YES or NO (circle one)

Immunization Record

It is required to have a current copy of my child's immunization record to CRBC within 30 days of enrollment.

Your signature below indicates that you have received the above information and that the information you provided on this form is complete and accurate.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Printed Name of Child