



**First Baptist Church Smithfield
After School Care Registration
2024-2025**

<p>PLEASE CHECK ONE Currently enrolled: _____ Church Member: _____ New enrollment: _____</p>
--

Name of Child _____ Home Phone _____

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

Birthdate _____ School _____ Grade for 2024-2025 _____

Father/Guardian Name _____ Cell Phone _____

Place of Employment & Phone Number _____

Mother/Guardian Name _____ Cell Phone _____

Place of Employment & Phone Number _____

Brothers & Sisters (names & ages) _____

Parents' Marital Status: Married _____ Separated _____ Divorced _____ Single _____

With whom does the child live? _____

Church Preference _____ Address _____

If you cannot pick up your child, please give the names of persons to whom the child can be released: _____

<p>I GIVE MY PERMISSION FOR MY CHILD TO BE TRANSPORTED BY FIRST BAPTIST CHURCH SMITHFIELD AFTER SCHOOL CARE AND TO GO ON ANY PLANNED FIELD TRIPS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE OF ANY FIELD TRIPS FROM THE CHURCH.</p> <p>Signature _____ Date _____</p>

EMERGENCY CARE INFORMATION

Parent to contact _____ Phone _____

Physician's name _____ Office Phone _____

Dentist's name _____ Office Phone _____

Hospital preference _____

If neither father nor mother (nor guardian) can be contacted, call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

<p>In case of emergency, I authorize the staff of First Baptist Church Smithfield After School Care program to provide and/or seek emergency medical care for my child.</p> <p>Signature _____ Date _____</p>
--

1. List allergies (food, medication, etc.):

2. Physical limitations:

3. Is your child on any medication? If so, please list below:

4. Please give any information concerning your child which will be helpful in this experience (such as special fears, special likes or dislikes, etc.)

PHOTO RELEASE REQUEST

Please be advised that your child may be photographed or videotaped at First Baptist Church during times such as classroom activities, field trips, etc... Sharing photos and video on social media, in print publications, and the FBC Smithfield website gives us a fun way to share what is going on and to promote the program.

_____ Yes, I give permission for my child's photograph and or video to be posted on social media, in print publications, and the FBC Smithfield website.

_____ No, I give permission for my child's photograph and or video to be posted on social media, in print publications, and the FBC Smithfield website.

Child's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Phone Number: _____

For enrollment in First Baptist Church After School Care, please complete the registration form and submit with a non-refundable registration fee of \$75 to the First Baptist Church Office.