

Application Date: \_\_\_\_\_

# SonShine Ministries



Program \_\_\_\_\_

First Baptist Church of Mebane

Class/Grade \_\_\_\_\_

301 S. Third Street, Mebane, NC 27302

**Please print and write legible. It is very important that we are able to read the information clearly.**

**If any information changes during the time your child is enrolled please make sure their application is updated.**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
(Last) (First) (MI) (Preferred Name)

Child's Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Are your child's immunizations current? (If not, your child may not be enrolled until immunizations are current.) \_\_\_\_\_

Does your child have any special needs that may limit his/her ability to participate in any activities? If yes, please explain. (Your child may need a release form from his/her doctor.) \_\_\_\_\_

Does your child have any known allergies? No \_\_\_\_ Yes \_\_\_\_ If yes, explain: \_\_\_\_\_

Does your child have any mental or physical conditions that require special care? No \_\_\_\_ Yes \_\_\_\_ If yes, explain: \_\_\_\_\_

**\*\*\*Please note: We are not staffed, trained or equipped to handle children with special needs or disabilities that require one on one attention, special care or medical treatment.**

The child will be released to the parents/guardians listed above and the child may also be released to the following individuals, as authorized by the person who signs this application.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
(Name) (Relationship)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
(Name) (Relationship)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
(Name) (Relationship)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
(Name) (Relationship)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
(Name) (Relationship)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
(Name) (Relationship)

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

Date \_\_\_\_\_

**Please sign the authorizations, dismissal policy, and handbook acknowledgement on the back page.**

## **EMERGENCY MEDICAL AUTHORIZATION**

I authorize First Baptist SonShine Ministries staff to authorize Emergency Medical personnel or the physician of their choice to provide emergency medical care in the event that neither parent/guardian can be immediately contacted.

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(Signature of Parent/Guardian)

(Date)

## **TRANSPORTATION AUTHORIZATION**

I authorize First Baptist SonShine Ministries to transport my child in a church vehicle or on foot supervised by staff members of FBC SonShine Ministries.

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(Signature of Parent/Guardian)

(Date)

## **PHOTO AUTHORIZATION**

I authorize First Baptist SonShine Ministries to take pictures of my child that may be used for crafts or posted around the church.

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(Signature of Parent/Guardian)

(Date)

## **DISMISSAL POLICY**

First Baptist SonShine Ministries reserves the right to dismiss a child for reasons resulting from a child's inability to adjust to group experiences and/or not following rules. Parent's inability to pick up a child on time or pay tuition on time can also result in child's dismissal.

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(Signature of Parent/Guardian)

(Date)

## **HANDBOOK ACKNOWLEDGEMENT**

I acknowledge that I have received, read and understand the parent handbook.

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(Signature of Parent/Guardian)

(Date)