

Enrollment for Camp Grapevine 2012

First Baptist Church Grapevine
301 E. Texas Street
Grapevine, TX 76051
(817) 488-8573



Child's Name _____ Nickname _____ Birthday _____ Sex _____
Address _____ City _____ Zip _____
Phone Number _____ E-mail Address: _____

Mother's Name _____ DL# _____
Employer _____ Work Number _____ Cell Number _____

Father's Name _____ DL# _____
Employer _____ Work Number _____ Cell Number _____

Guardian Name _____ DL# _____
Employer _____ Work Number _____ Cell Number _____

Give the name of a local person to contact in case of an Emergency and you cannot be reached:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Other information pertinent to my child:

I hereby authorize that my child may leave camp Grapevine only with the following persons:

Name _____ Phone # _____ DL# _____

Name _____ Phone # _____ DL# _____

Name _____ Phone # _____ DL# _____

Please check below:

1. Transportation: I hereby ___give ___do not give -consent for my child to be transported and supervised by Camp Grapevine employees for fieldtrips.

2. Fieldtrips: I hereby ___give ___do not give -consent for my child to participate in fieldtrips.

3. Water Activities: I hereby ___give ___do not give -consent for my child to participate in water activities.

Agreement: I have read and accepted to policies of FBCG Preschool/Children's Ministries. I understand a copy of the minimum standards is kept on file in the Children's Ministry office. I understand that tuition is payable at the beginning of the week. I understand if I have an unpaid balance of two weeks, my child will not be allowed to attend the program until it is paid in full or I have met with D'Ann Laywell or Ryan Goodman.

Any problems occurring at school concerning my child's health or welfare will be brought to my attention by the director of the program. This includes exposure to communicable diseases. As a parent, I will notify the school of any problem which will affect the health and welfare of the other children.

My child will be attending: (circle all that apply) M T W TH F

We will be on vacation: _____

Signature of Parent

Date

****This form must be signed by a doctor!!!**



301 East Texas Street
Grapevine, Texas 76051
(817) 488-8573
(817) 421-0586 (Fax)

Child's Full Name: _____ Birthday _____

Medical History:

Immunizations:

Note: You may submit a machine copy of your child's immunization record as long as it is signed or stamped by a physicians or health personnel.

DTAP/DTP/TD 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
OPV 1. _____ 2. _____ 3. _____ 4. _____
MMR 1. _____ 2. _____
HIB 1. _____ 2. _____ 3. _____
HEP B 1. _____ 2. _____ 3. _____
VARICELLA _____

****Signature or Stamp – Physician or Health Personnel**

Date

The following must be **filled out** and **signed** by a physician:

(Vision and hearing tests are required by state licensing for all four-year-olds enrolled in a childcare facility.)

Vision Test Results:

Left Eye _____
Right Eye _____
Pass _____ Fail _____

Hearing Test Results:

Pass _____
Fail _____

History of Disease:

Chicken Pox (month/year) _____ Poliomyelitis _____ Mumps _____
Diphtheria _____ Scarlet Fever _____ German measles _____
Tuberculosis _____ Measles _____ Whooping Cough _____
Other: _____

Existing Illnesses _____

Previous Illness/Injuries which required hospitalization _____

Continuous or long-term medication _____

Allergies, if any, including medication _____

****Doctor's Statement:**

I have examined _____
within the past twelve (12) months and find that he/she is physically able to take part in the daycare program.

****Physician's Signature** _____

Phone _____

Address _____

****Must be signed by a Notary Public****

This release is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence

****THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC****

Parent or Legal Guardian Printed Name

Parent or Legal Guardian Signature

Date

Subscribed and sworn to before me this _____ day of _____ 20 ____.

Notary Public _____

Commission Number _____

State of _____ Emboss here:

County of _____