

Enrollment for Camp Grapevine 2014

Child's Name _____ Nickname _____ Birthday _____ Gender _____
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 after verification of ID.

Name _____ Phone # _____ DL# _____

Name _____ Phone # _____ DL# _____

Name _____ Phone # _____ DL# _____

Please check below:

1. Transportation: I hereby _____ give consent for my child to be transported and supervised by Camp Grapevine employees for fieldtrips.

2. Fieldtrips: I hereby _____ give consent for my child to participate in fieldtrips.

3. Water Activities: I hereby _____ give consent for my child to participate in water activities.

4. Food: I hereby _____ give consent for my child to be given snacks and lunch while at Camp Grapevine.

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.

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.

_____ I have marked the summer calendar (page2 of this form) for when your child will be attending:

We will be on vacation: _____

Signature of Parent

Date

Please fill in the below information
and mark the summer calendar with
the days your child will be at
Camp Grapevine 2014.

Child's Name

Parent Name:

JUNE 2014

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					
June Holidays Flag Day - 14 Father's Day - 15						

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JULY 2014

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		
July Holidays Independence Day - 4						

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AUGUST 2014

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

First Baptist Church of Grapevine Children's Ministry
Medical Release 2014

Name _____ Birthdate _____ Age _____
Address _____ City _____ Zip _____
Home Phone (____) _____ Parents Names _____
Custodial Parent? Mother _____ Father _____ Both _____

Parent Contact Numbers _____
Emergency Contact _____ Phone _____

Insurance Company _____ Phone _____
Policy Holder's Name and SS # _____

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Current Medical Conditions/Allergies _____
Current Medications _____

Activities Your Child Should Not be Involved In: _____

I am the parent with legal custody, guardianship, or managing conservator of _____, a minor. I hereby give my permission for my minor child to participate in all the Camp Grapevine program activities. This authorization is for the purposes of securing benefits for the health and welfare of my minor child and expressly, includes the authority to sign releases for physicians and hospitals or medical facilities, as selected by Church staff, which may render medical care and services. I promise to assume liability for payment for all professional services and facility fees, and to reimburse First Baptist Church Grapevine for any expenses that may be incurred for treatment, care, drugs, and other services for my minor child. I hereby agree to indemnify and hold harmless First Baptist Church, its agents, employees and trip chaperones for the results of any decision which they in their discretion shall make.

Signature of Parent _____ Date _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the staff of First Baptist Church Grapevine to take my child _____ to:
(Child's Full Name)

Name of licensed physician _____ Phone Number _____

Address _____ City _____ Zip Code _____
Or to: _____

Hospital or clinic _____ Phone _____ Address _____

This authorization is in effect the entire time my child is enrolled as a student at Camp Grapevine at First Baptist Church Grapevine. I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital/clinic.

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: _____



I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have Attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand the affidavit is valid for 2 years.

****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 _____