

Kid's Quest 2011

Application and Emergency Information

Name of child _____

Address _____

Street

City

Zip code

Date of Birth _____ Grade Completed _____

Legal Guardian(s) of child _____ Relationship _____

Address _____

Street

City

Zip code

Home Phone Number _____ Work phone number _____

Please list everyone eligible to pick up child (they will be asked to show I.D.)

Do you have a church home? Yes/No Would you like more information about Temple? Yes/No

The following information is to help us plan our summer and provide a safe environment.

Does your child have any special needs? Yes/No Please include medications, allergies, behaviors, etc. _____

Emergency Contacts:

Name/# _____ Name/# _____

Child's Doctor's Name _____ Phone # _____

Address _____

Child's Health Insurance _____ ID# _____

Subscriber's Name (on card) _____

As legal Guardian, I give consent to have my child receive first aid by facility staff and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above and/or Temple Baptist Staff to act on my behalf until I am available. I agree to update this information if changes occur.

Legal Guardian's Signature_____ Date_____

I agree that my child can be photographed and/or videotaped while at Kid's Quest and that these photos/videos may be used for promotional purposes or within the church.

Legal Guardian's Signature_____ Date_____

Office Use Only

Deposit Received: Amount_____ Check/Cash Check #_____ Date_____

Payment Received: Amount_____ Check/Cash Check #_____ Date_____

Payment Received: Amount_____ Check/Cash Check#_____ Date_____