

# Kid's Quest 2010

## Application and Emergency Information

Name of child \_\_\_\_\_  
Birthdate \_\_\_\_\_ Grade completed \_\_\_\_\_  
Address \_\_\_\_\_

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 be interested in more information about Temple Baptist Church? \_\_\_\_\_

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

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

Special needs of the parents (inability to climb stairs, difficulty lifting child, etc.)

\_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

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 behalf until I am available. I agree to update this information if changes occur.

Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration Fee \$250.00 Check # \_\_\_\_\_ Cash \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_