



STUDENT REGISTRATION 2018-2019

CHILD'S NAME _____

Child's Gender _____ Child's Date of Birth _____

Child's Address _____

MOTHER'S NAME _____

Mother's Address _____

Cell Phone _____ Work Phone _____

Email _____

FATHER'S NAME _____

Father's Address _____

Cell Phone _____ Work Phone _____

Email _____

PLEASE MARK WHICH PROGRAMS YOUR CHILD WILL ATTEND:

PRESCHOOL ACTIVITIES (Birth - Kindergarten)

___ Sunday School ___ Kid Connect ___ Wednesday Night Child Care ___ Mini Maestros ___ Mission Friends

___ Children's Choir ___ Kid's Night Out ___ ESL Childcare (Tuesdays & Thursdays)

CHILDREN'S ACTIVITIES (1st grade - 6th grade)

___ Sunday School ___ Wednesday Night Child Care ___ Missions Education ___ Music Education

___ Kid's Night Out ___ Kid Power Camp ___ Mini-Camp ___ Preteen Camp

The student listed above has permission to participate in the selected activities sponsored by University Baptist Church

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

Would you like to receive a newsletter from the UBC family ministry? YES NO



MEDICAL WAIVER

THIS SECTION TO BE COMPLETED ON BEHALF OF A CHILD UNDER 18 YEARS OF AGE

I, _____ (parent/guardian), the parent/guardian of _____ (name of child) a minor, hereby acknowledge that the said minor is presently under my care, custody, and/or control. I hereby give _____ (name of child) my express permission to go on 2018 - 2019 ministry activities with University Baptist Church, Fort Worth, Texas. I furthermore grant permission for my child to participate in all activities as my child is capable.

In the event an emergency necessitating medical or surgical attention arises, I hereby consent and give my permission to the University Baptist Church staff, its representatives, or the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery as they deem necessary and proper under the circumstances.

I, _____ (parent/guardian), the parent/guardian of _____ (name of child), do release, acquit, discharge, and covenant to hold harmless University Baptist Church, its staff, its representatives, and the sponsors from any and all actions, causes of actions, damages, or liabilities, and financial responsibility for all medical treatment provided during the attendance of 2018 - 2019 ministry activities sponsored by the University Baptist Church, Fort Worth, Texas.

I have read this Medical Release Form and agree to the terms of this document, and agree that I am signing it on the behalf of the above named party.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

THIS SECTION TO BE COMPLETED FOR ADULTS 18 YEARS OF AGE OR OLDER

In the event an emergency necessitating medical or surgical attention arises, I, _____ (self), hereby consent and give my permission to the University Baptist Church staff, its representatives, and the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery as they deem necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harmless University Baptist Church, its staff, its representatives, or the sponsors from any and all actions, causes of actions, damages, or liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment provided during the attendance of 2018 - 2019 ministry activities sponsored by University Baptist Church, Fort Worth, Texas.

I have read this Medical Release Form and agree to the terms of this document.

SIGNATURE _____ **DATE** _____

MEDIA RELEASE

THIS SECTION TO BE COMPLETED ON BEHALF OF CHILDREN OR FOR ADULTS

I, _____ (parent/guardian/self), give permission for images of my child and/or myself, captured during regular and special University Baptist Church activities through video, photo, and digital camera, to be used solely for the purposes of the University Baptist Church promotional material and publications.

SIGNATURE OF PARENT/GUARDIAN/SELF _____ **DATE** _____



EMERGENCY INFORMATION & STUDENT HEALTH RECORD

CHILD'S NAME _____ Child's Date of Birth _____

APPROVED PICK-UP AND EMERGENCY CONTACT

APPROVED TO PICK-UP (OPTIONAL)

Name _____ Phone Number _____

Name _____ Phone Number _____

EMERGENCY CONTACTS (ONLY ONE IS REQUIRED)

Name _____ Phone Number _____

Name _____ Phone Number _____

MEDICAL RELEASE

PRIMARY CARE DOCTOR

Doctor _____ Phone Number _____

Address _____

Medical Insurance Company _____

Phone Number _____ Preferred Hospital _____

Name of Primary Insured _____ Policy or Group Number _____

RECORD OF STUDENT HEALTH

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING? PLEASE EXPLAIN.

Allergies - _____

Physical or Mental Illness - _____

Recent Serious Illness - _____

Chronic Illness or Hospitalization - _____

Medications Prescribed on a Regular Basis - _____

Other Concerns - _____

Should medical attention be required, List any special instructions needed, such as being allergic to penicillin, or other medications -

***** THIS SECTION IS TO BE COMPLETED BY THE CHILD'S PHYSICIAN *****

PLEASE INCLUDE A COPY OF THE CHILD'S IMMUNIZATION RECORD SIGNED BY THE PHYSICIAN

_____ (Name of Patient/Student) has been examined by me
within the past 12 months and is found to be free of any contagious disease and is able to participate in a
preschool program.

Signature of Physician - _____ Date of Last Exam - _____

Physician's Address - _____

Physician's Phone Number - _____ Today's Date - _____