

MEGA HOBBIES CAMP

JULY 8-11, 2019

REGISTRATION FORM

9 am - noon (lunch provided)

Child's Name: _____ Birthday: _____ Grade Completed: _____

Parents' Names: _____

Address: _____ City: _____ Zip: _____

Contact #s: Home: _____ Cell: _____ Parents-Do You Text? _____

E-mail: _____ Facebook Page Name: _____

*Medical or other information we need to know: _____

***FREE LUNCH** - List any food allergies: _____

Came with _____

Church you attend _____ Have you accepted Christ? _____ Been baptized? _____

Person picking up child _____ Their contact #: _____

** If anyone other than parent will be picking up your child—we MUST be notified.*

****Must complete Release Form on back.**

Grades 1-5 (completed) Mark your 1st, 2nd & 3rd Choice:

Arts & Crafts  _____	Basketball  _____	Cheer  _____	Cooking  _____	Drama  _____	Kickball / Dodgeball  _____	Soccer  _____	Wacky Science  _____	Woodworking (8 & up)  _____	Painting cartoons  _____	Beauty  _____
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VBS for 3 year old's — Kindergarten (completed)

3's, 4's, 5's,
Kindergarten



**Life is sometimes WILD,
but God is always good!**

JOIN
the
FUN!

For more information call the church office at 417-624-4585

For early registration (and to get your first choice,
bring this in the the Children's Check In Desk on a Sunday.

You can also mail to First Baptist Church, 4128 Connecticut Ave, Joplin, MO 64804
or go online to firstjoplin.org to register.

FIRST KIDS Parent Release Form

***If we have an activity form on file, you do not need to complete this side**

Name _____ Sex (circle one) M F

In case of emergency, notify: Name _____ Relationship _____

Emergency phone numbers: Day _____ Night _____

May we post pictures of your child on our First Baptist Kids Facebook page? _____ on our website? _____

Medical Information

Physician's Name _____ (Imperative if your child has allergies) Phone _____

List any allergies to medications or any known allergies _____

Date of last tetanus immunization _____ Medications presently being taken (details-time of day):

Insurance Company _____ Insurance Member ID # _____

Insurance Phone # _____ Group # _____

Signature of Parent or Guardian Date _____

AUTHORIZATION FOR EMERGENCY CARE TO A MINOR

I/we the undersigned, parent(s) or legal guardian of the minor (name) _____ do hereby authorize any X-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist licensed by the State of Missouri and hospital service that may be rendered to said minor under the general, specific or special consent of any sponsor at First Baptist Joplin. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment.

Signature of Parent or Guardian Date _____

AUTHORIZATION FOR MEDICAL INFORMATION RELEASE

I hereby authorize the hospital to release the following information contained in its hospital records to the representative of the First Baptist Church concerning diagnosis, prognosis for (minor child) _____.

This information will be used for insurance billing. _____ Date _____
Signature of Parent or Guardian