

## Vaughn Hill Thursday School Application For Enrollment

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name other people in your household (please give ages of children): \_\_\_\_\_

Does Your Family Attend Church Services? \_\_\_\_\_ Where? \_\_\_\_\_

Does Your Child Attend Sunday Bible Class? YES or NO (circle one)

Name Other Group Activities Child Participates In: \_\_\_\_\_

Does Child Have A Pet: \_\_\_\_\_ What Kind? \_\_\_\_\_ Pet's Name \_\_\_\_\_

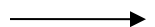
How Does Child Help Care For Pet? \_\_\_\_\_

What TV Programs Does Your Child Watch? \_\_\_\_\_

What Is Your Child's Regular Bed Time? \_\_\_\_\_ Afternoon Nap? \_\_\_\_\_

Anything else that you'd like us to know about your child? \_\_\_\_\_

Will anyone else be picking up your child? Relationship? \_\_\_\_\_



**HEALTH INFORMATION**

1. Are All Of Your Child's Vaccinations Up to Date? \_\_\_\_\_
2. Is Your Child Allergic To Anything? Bees, Aspirin, Nuts, Etc...? If So, Explain Fully \_\_\_\_\_
3. Is Your Child Diabetic? \_\_\_\_\_ Subject To Seizures? \_\_\_\_\_
4. Is There Any Medical Reason Why The Child Should **NOT** Engage In Any Activities? \_\_\_\_\_ If So, Please Explain \_\_\_\_\_
5. Is There Any Other Information That We Or Other Health Officials Should Know About Your Child? \_\_\_\_\_ If So, Please Explain \_\_\_\_\_  
\_\_\_\_\_

In The Event, that the I, the Parent(s) cannot be reached, I hereby grant permission to Thursday School Teachers and Helpers to render, provide or obtain medical care from a licensed physician, hospital, or medical clinic for my son/daughter (name) \_\_\_\_\_, in the event that I cannot be reached in case of an medical emergency.

Family Doctor's Name? \_\_\_\_\_ Dr's. Phone# \_\_\_\_\_

Preferred Hospital? \_\_\_\_\_

I am covered for hospitalization and medical care under Policy# \_\_\_\_\_  
Issued by \_\_\_\_\_  
Insurance Coverage Under Which Parent: \_\_\_\_\_

I do not have medical coverage and assume responsibility for the cost of hospitalization and medical care for my son/daughter.

By signing this application, I/We will hold Vaughn Hill Church Thursday School Teachers, servants and employees harmless from all liability and legal proceedings arising from this activity, unless caused by or due to the gross negligence of Vaughn Hill Church of Christ Thursday School.

SIGNATURE OF GUARDIAN/RESPONSIBLE PARTY:

\_\_\_\_\_

DATE: \_\_\_\_\_