

## Creation Corner

### 20\_\_\_\_ - 20\_\_\_\_ Enrollment Form First Baptist Church, O'Fallon

<b>Child's Name:</b>		Sex:	Date of Birth:	Home Phone:
Street Address:		City:		Zip:
<b>Mother's Name:</b>			If Military, Rank:	
Mother's Email Address:			Mother's Cell Phone:	
Mother's Employer & Address:			Mother's Work Phone:	
<b>Father's Name:</b>			If Military, Rank:	
Father's Email Address:			Father's Cell Phone:	
Father's Employer & Address:			Father's Work Phone:	
<b>CC Days Requested:</b> (please circle)      3-Day (Tues/Wed/Thurs)      2-Day (Tues/Thurs)				
Religious Affiliation:		Church Attending:		
How did you learn of our ministry?				
Parent's Marital Status: (please circle)		Married      Single      Divorced		
<b>If divorced</b> , does the non-custodial parent have visitation privileges? (please circle)    Yes    or    No				

### Emergency Contacts

**Do not include your spouse.** If you are unavailable, we should be able to reach one of the people listed below at any given time during the school session. **This gives them permission to pick up your child. Emergency contacts should be within a 20-30 minute driving distance from Creation Corner.**

Name:	Phone:
Address:	Relationship
Name:	Phone:
Address:	Relationship

## **Child's Health Record**

### **Required Immunizations**

Before admission to Creation Corner, children are required to be current on all immunizations as recommended by the American Academy of Pediatrics (AAP). Please provide a copy of your child's shot record, signed by your doctor. Illinois Certificate of Religious Exemption form available upon request.

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### **Allergies**

Drug/Medication Allergies:

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Allergy related reactions:      Eczema:      Asthma:      Other:

Caused By:

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Food Allergies:

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### **General Medical Information**

Is the child currently free from communicable disease? (please circle) Yes or No

If yes, please explain:

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Is the child regularly receiving prescribed medication during school hours? (please circle) Yes or No

If yes, please contact Creation Corner office for a Physician's Order for Medication to be Administered at School form and list the type(s) below (includes Epi-Pens and all asthma inhalers):

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Please give any special concerns you have regarding your child's health and care while at Creation Corner:

## **Photo Permissions**

I grant permission for my son/daughter to have his/her image published on our Creation Corner Facebook page: (the school newsletter is published on the school website)

- ☐ Yes  
☐ No

I grant permission for my son/daughter to have his/her image published in our school newsletter and on our church/school website:

- ☐ Yes  
☐ No

I grant permission for my son/daughter to have his/her image and name published in the local newspaper and other print media:

- ☐ Yes  
☐ No

I grant permission for my son/daughter to have his/her image displayed in classroom scrapbooks/gifts given at the end of the school year and any book made by the class sent home to be shared with families during the school year. I understand these items will only be distributed to students/families in my child's classroom.

- ☐ Yes  
☐ No

I grant permission for my son/daughter to have his/her image displayed during the video slideshow that will be played during the Creation Corner Spring Sing.

- ☐ Yes  
☐ No

The above information is correct to the best of my knowledge as of this date:

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Signature

Date