

Family Worship & Praise Center - CDC

Official use only

ACADEMIC ENRICHMENT

Personal Information

*Print

Last Name: _____ First Name _____

Boy Girl birth date ____/____/____ Age _____ Current Grade _____

Does your child have food allergies? yes, please *list* _____

List any special needs, prescription medication or physical limitations that we should be aware of: _____

Does your child have an IEP? no yes Exceptionality (ies) _____

Is your child allowed to participate in off-site enrichment activities no yes?

Guardian Information

*Guardian #1 Information

Full Name: _____ Relationship: Mother Father Other _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Ext. _____ Alternate # _____

Cellular #: _____ E-mail Address _____

*Guardian #2 Information

Full Name: _____ Relationship: Mother Father Other _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home #: _____ Work #: _____ Ext. _____ Alternate # _____

Cellular #: _____ E-mail address _____

Emergency Contact

Name: _____ Relationship: Mother Father Other _____

Home #: _____ Work #: _____ Cellular #: _____

Other Pertinent Information _____

Liability Release

I have requested that my child participate in activity-based programs at FWPC-CDC that may include offsite enrichment activities. I am acknowledging that the environment may have unforeseen hazards beyond staff control. In these circumstances, I release staff, employees, and volunteers of FWPC-CDC and FWPC affiliates from any liability responsibility at designated facilities and field trip events.

Acknowledgement of Risk and Release

Privacy Policy

We will not release any information regarding your child to any party under any circumstance with the exception being appropriate to medical personnel during a medical situation or for the purpose of collecting data for program management.

Initials _____

Publicity Release

I give permission for any images, likeness, or quotes taken of my child to be used for FWPC-CDC publicity purposes including, but not limited to newsletters, social media, brochures, websites, and videos.

Initials _____

Transportation Release

I give permission for FWPC-CDC to provide or attain transportation for my child for him/her to participate in any program conducted off the grounds of FWPC-CDC facilities.

Initials _____

Parent Signature _____

Date _____



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Medical Release Form

Mother's Name _____ Father's Name _____

Daytime Phone _____ Daytime Phone _____

Place of Employment _____ Place of Employment _____

Health Insurance Carrier _____ Policy # _____

Plan # _____ Is a physician authorization needed? no yes Physician's Name _____

In case of emergency, please notify _____

If either parent or guardian is not available in an emergency, please contact (two names required please):

1. _____ Phone # _____

2. _____ Phone # _____

CONSENT FOR MEDICAL TREATMENT

I do hereby authorize that all the above information is correct and that my child is fully able to participate in all FWPC-CDC activities without need of individual or specialized attention or medical regimen unless specifically noted above. I agree to notify FWPC-CDC of any changes in my child's physical or mental health between the dates of enrollment. I hereby consent and authorize the administration of all medical treatments advisable or necessary under the judgment of the accredited staff, emergency room physicians or emergency medical personnel or any other clinical physicians with the understanding that I will be notified as soon as possible.

FWPC-CDC Academic Enrichment Program Release of Student Information

I am the parent or legal guardian of the student referenced above and I give authorize consent for FWPC-CDC to obtain educational information concerning the student referenced above by completing the addendum to this application "Release of Student Information form for Leon County Schools" or the School(s) which I have listed below.

Parent /Guardian Signature _____ Relationship _____

Print Name _____ Date _____