

WEEKDAY MINISTRIES **SUMMER PROGRAM**



a ministry of FIRST BAPTIST CHURCH >>>>> **HOPKINSVILLE**

**GAIL OLIVER**  
WEEKDAY MINISTRIES DIRECTOR  
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SUMMER PROGRAM COORDINATOR

**FIRST BAPTIST CHURCH**  
1400 S. Main Street | Hopkinsville, KY 42240  
270.885.1357  
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**Summer, 2018**

Nonrefundable Registration Fee - \$25.00 \_\_\_\_\_ Initial \  Updated Immunization Form

GIRL |  BOY

Child's Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_

Do you attend church?  YES |  NO If yes, where? \_\_\_\_\_

**Parent/Guardian Information:**

**Mother's Name:** \_\_\_\_\_ Cell # \_\_\_\_\_

Employer: \_\_\_\_\_ Work # \_\_\_\_\_

E Mail Address: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ Cell # \_\_\_\_\_

Employer: \_\_\_\_\_ Work # \_\_\_\_\_

Email Address: \_\_\_\_\_

**If Person Above Is Not Available In The Event Of An Emergency, Notify**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name Of Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name Of Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ | Policy Number \_\_\_\_\_

**Persons authorized to pick up child [with Picture ID]. We must be notified if someone we are not familiar with is picking up your child.**

1. Name: \_\_\_\_\_ Phone \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone \_\_\_\_\_

**Rate Is Weekly Only @ \$100.00 for Non-First Baptist Church Members. First Baptist Church members receive a 10% Discount (\$90). Payments Are Required on Monday Mornings.**

**To reserve a spot at Kids On Main, a Registration Fee and the Application Form must be turned in to the Church Office or Daycare Director.**

*I give permission for full participation in the First Baptist Church Kids on Main Summer Program including field trips by church vans or walking field trips around the church area. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission the licensed health care practitioner selected by the adult leader in charge to secure proper treatment including hospitalization, anesthesia, surgery or injection of medication for my child.*

**Signature of Parent** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please circle each week your child will attend:**

**Week 1:** \*May 29-June 1

**Week 5:** June 25-29

**Week 9:** July 23-27

**Week 2:** June 4-8

**Week 6:** \*July 2-6

**Week 10:** July 30-Aug. 3

**Week 3:** June 11-15

**Week 7:** July 9-13

**Week 11:** Aug. 6-10

**Week 4:** June 18-22

**Week 8:** July 16-20

*Kids on Main will be closed Monday, May 29 for Memorial Day and Monday, July 4<sup>th</sup> for the Holiday.*

*Kids on Main schedule may change if there are changes in the Christian County Public school schedule.*

**General Information:**

List any medical situations your child has \_\_\_\_\_

List any medication to be given at Summer Care \_\_\_\_\_

**(Medical Authorization Form Must Be Filled Out Daily)**

List any physical or behavioral conditions that may affect or limit full participation in Summer Program activities.

**Waiver And Photo Consent**

*I hereby agree that all information is complete and true to the best of my knowledge. I have been given a Parent Handbook and agree with all the guidelines within. I agree to hold free from any and all liability The First Baptist Church and it's staff, volunteers and teachers and myself, my heirs waive release all claims for all injuries and damages occurred.*

*I hereby consent to the use, publication and display by First Baptist Church Kids On Main and other social media such as the Kentucky New Era, of any pictures or video that my child may be identified. I waive all rights to inspect and /or approve any of the printed matter that may be used in conjunction with the photos and the use to which it/they may be used.*

**Signature of Parent or Guardian** \_\_\_\_\_

**Date** \_\_\_\_\_