



Farragut Presbyterian Church **Children's Enrichment Program**

Application

(This form must be completely filled out upon return.)

Child's Full Name: _____

Child's Nickname: _____ Birth Date: _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City, State Zip: _____

Father's Employer: _____

Employer's Address: _____

Work Phone: _____ Hours: _____

Father's email address: _____

Mother's Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City, State Zip: _____

Mother's Employer: _____

Employer's Address: _____

Work Phone: _____ Hours: _____

Mother's email address: _____

If divorced, which parent has custody? _____

FOR THE CHILD'S SAFETY, LIST ALL OTHER PERSONS TO WHOM THE CHILD MAY BE RELEASED: We also ask that you include an address for each of these individuals.

<u>Name</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____

EMERGENCY INFORMATION

Name of persons other than operator authorized to act for parent in an emergency or if your child is ill and we cannot contact you.

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any allergies or medical problems:

Name of Physician _____ Phone _____

Address _____

BACKGROUND INFORMATION

Other children and adults in the home _____ Age _____ School children attend _____

EXPERIENCE WITH OTHERS

What are some of the ways in which your child plays at home?

Does your child play with neighborhood children? _____

If so how? _____

Does your child usually get his/her own way with other children? _____

If so how? _____

If not how does the child react? _____

Is the entire family together for any time during the day? _____

Has your child had any of the following experiences during the past year?

Birth of another child into your family? _____

Moving? _____

Death in the family? _____

Changing schools? _____

Serious illness of child or family member? _____

Separation or divorce of parents? _____

Other? _____

Would you describe your child as: Active Quiet Friendly Shy

List any fears or phobias he/she may have _____

Is there any other information that we should know about your child? _____

I authorize the school to provide emergency medical care? YES NO

Signature of Parents: _____ Date _____
