



First Baptist Hendersonville
106 Bluegrass Commons Blvd.
Hendersonville, TN 37075

Child's Name: _____ Male / Female

Student's Age as of 8/15/23 _____ Child's Date of Birth: ____/____/____

Grade (23/24 school year) _____

Address: _____ City: _____ Zip: _____

Primary Phone: _____

Parent Info:

Mother: _____ Father: _____

DOB: _____ DOB: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Marital Status: Single Married Widowed Custody: Both Dad Mom

Church Affiliation: _____ FBCH Member? Yes or No

Please list below people, OTHER THAN PARENTS, to be called in case of illness/emergency or that have permission to pick up your child.:

Name & Relationship: _____ Phone: _____

Name & Relationship: _____ Phone: _____

Name & Relationship: _____ Phone: _____

I understand that the person to pick up my child in an emergency will be required to show a driver's license. I will notify the Director, if possible, each time another person is coming.

Signature of Parent or Guardian: _____

Date: _____

***** **Medical Information** *****

List any kind of medication, medical treatment, health problems, or allergies that your child might have. Please list all allergies including food, drug, animal, hay fever, asthma, etc:

Emergency instructions: _____

Are you interested in being a parent volunteer? **Yes** or **No**

To best ensure a safe and productive classroom environment, we are seeking parent volunteers to serve up to one time per semester. Volunteers will assist in providing additional support to both the classroom teachers and students. Rotating parent volunteers will serve throughout the calendar year assisting grades K to 8. Parent's serving in this role are subject to background checks. Children not enrolled in the program will not be allowed to accompany the parent volunteer.

- 1) In order to meet all legal requirements, I hereby authorize a representative of First Baptist Church Hendersonville / Rooted Enrichment to give consent for any and all necessary medical care for my child _____ while said child is in First Baptist Church's custody.
- 2) I agree to abide by all the First Baptist Church Hendersonville/Program policies. I further understand the Rooted Enrichment of First Baptist Church Hendersonville will always consider a person's biological sex to be their assigned gender for the purposes of ministry placement.
- 3) I give permission for my child's image to be used in FBCH programs and social media.
- 4) I understand that the First Baptist Church Rooted Enrichment Program uses a Bible-based curriculum that supports the values and beliefs of First Baptist Church Hendersonville.

Signature of Parent or Guardian: _____

Date: _____

Registration 23/24
Date & Time Rcvd: _____