



IGNITE REGISTRATION FORM (June 8 – July 24th)



Spaces are limited and will be given on a first come, first serve basis.
A parent or guardian must register each youth and completely fill out the form.

BACKGROUND INFORMATION:

Name of Child _____ Nickname _____
(First) (Middle) (Last)
Address _____ City _____ Zip _____
Phone _____ Date of Birth _____ Gender: Male _____ Female _____
Child's Race (Circle) African American African Asian Caucasian Multi-Racial Hispanic Native American Other
Child's T Shirt Size (Circle) XS S M L XL XXL

SCHOOL INFORMATION:

School Attending _____ 2014-2015 Grade Completed _____
Extracurricular Involvement _____
Child's Age _____
Does your child receive free or reduced lunch at school Yes ___ No ___

INFORMATION ABOUT THE FAMILY: (please provide all requested information)

Annual Household Income (circle one) \$0 - \$19,999 \$20,000-39,999 \$40,000 - \$59,999 \$60,000 and up

MOTHER/GUARDIAN'S NAME _____ Home Phone _____

Address _____ City _____ Zip _____

Place of Employment _____ Address _____

Mother's Work Phone _____ Mother's Cell Phone _____

Work Hours _____ Email _____

Highest Level of Education Completed Grade Level ___ GED Diploma Community College Bachelors Masters

School Attended _____

Major _____

FATHER/GUARDIAN'S NAME _____ Home Phone _____

Address _____ City _____ Zip _____

Place of Employment _____ Address _____

Father's Work Phone _____ Father's Cell Phone _____

Work hours _____ Email _____

Highest Level of Education Completed Grade Level ___ GED Diploma Community College Bachelors Masters

School Attended _____

Major _____

RELIGIOUS BACKGROUND:

What is your religion/faith: None Christian Muslim Other_____

Do you attend Church or Temple YES NO

If so, where and how often _____

Are you open to attending a Bible Study here YES NO

AVAILABILITY:

Chaperone a Field Trip YES NO

Lead an Activity YES NO

Attend Parent Training/Workshops YES NO

Serve on Parent Council YES NO

Volunteer during Programming YES NO

(PLEASE WRITE TIMES YOU ARE FREE EACH DAY)

	MON	TUE	WED	THUR	FRI	SAT
<u>MORNING</u>						
<u>AFTERNOON</u>						
<u>EVENING</u>						

MEDICAL INFORMATION:

Doctor Name: _____ Doctor Phone: _____

Permission to contact Doctor/Hospital in case of a medical emergency: ___ Yes ___ No

Child's Medical Insurance Provider: _____

Policy Number: _____ Group Number: _____

MEDICAL LIMITATIONS:

List any medical or physical limitations that would limit your child's participation in the program or that we should know about - (be specific)

BEHAVIOR:

Does your child have any specific behavior conditions? (This does not restrict your child from enrolling)

ADD ___ ADHD ___ OTHER _____

ALLERGIES:

Does your child have any known allergies (such as dust, medicine, plants, animals, food, etc) ___ No ___ Yes

If yes, what are they allergic to? _____

MEDICATION:

List any medication(s) that your child is currently taking & the dosage. (If your child's condition requires medication please note that we are unable to administer or hold them as we do not have a nurse on site. Therefore, if medication (Epi-Pens, inhalers, etc) is needed member must keep them in their bag and be able to administer properly.) Please be specific

What is the specific medical condition that requires the above listed medication?

MEDICAL EMERGENCY

In case of accidental injury, the undersigned authorizes Christian World Missions Staff to see that the necessary medical treatment is obtained in the event the parent or legal guardian is unable to be reached or is otherwise inaccessible. In this event, the undersigned authorizes a Christian World Missions Staff Member to sign for and authorize the physician of his/her choice to provide emergency care. In case of accidental injury, the undersigned agrees to assume financial responsibility for cost incurred.

I have read the above and agree to the stipulations.

Parent/Guardian Signature: _____ Date: _____

LEGAL / BEHAVIOR ISSUES

Please list any legal and/or behavior issues that your child is currently dealing with. This includes probation and the conditions of probation, behavior issues both in school or with law enforcement and any charges or allegations that they may be facing that are unresolved. This does not restrict your child from enrolling.

(If child is on probation or is assigned to any officer of the court – contact information for that individual must be listed):

Name: _____ Phone: _____

PERSONS AUTHORIZED TO PICK UP CHILD INCLUDING YOURSELF

IF AUTHORIZED CONTACTS CHANGE PLEASE NOTIFY STAFF IMMEDIATELY

Name	Relationship	Phone Number	Emergency Y/N

PERMISSION TO WALK OR RIDE A BIKE - HOME

I give permission for my child to check in/out each day. I understand that Christian World Missions is not responsible for him/her before arrival to the program or after they leave the program. I give permission for my child to:

(Please Circle One) Walk Ride a Bike

I give permission for my teen child to check in / out their younger siblings. ____ Yes ____ No

Parent/Guardian Signature: _____ Date: _____

Staff Signature: _____

HOUSEHOLD INFORMATION

This section **Must Be Completed** and is used for our information only. This information does not determine membership status and all information is kept confidential.

Reason for Joining Program (circle all appropriate answers):

Academic Support Behavior Fun School Referral Spiritual Growth Sports Other _____

The Youth lives with (*check all that apply*): Mom _____ Dad _____ Step Mom _____ Step Dad _____
Grandparent _____ Guardian _____ Other: _____

Single Parent: Yes ____ No ____ **Current head of household (check one):** Male ____ Female ____ Both ____

Total Number of people living in household: _____ **Number of members in household age 65 or older:** _____

Parent in the Military Yes _____ No _____ Branch: _____

Information on other children in the household NOT attending the Program:

Name _____ Grade _____ Age _____

Name _____ Grade _____ Age _____

Name _____ Grade _____ Age _____

Name _____ Grade _____ Age _____

PARENTAL RELEASE FORM

I hereby release, waive, acquit and forever discharge Christian World Missions, their representatives, successors, insurers, assigns or any other person or entity associated with any of the above organizations such as staff, volunteers, from all liability, claims, demands, or causes of action for any and all loss, damage, injury or death and any claim of damages resulting from use of facilities owned or controlled by the above organizations, or participation in activities of said organizations either at or away from CWM.

Parent/Guardian Signature: _____ Date: _____

SWIMMING PERMISSION

I hereby give my permission and full consent for my child to participate in swimming activities at local beaches and at local pools as conducted by the Christian World Missions. I hereby fully release, and shall in the future release, Christian World Missions Directors, Instructors, Volunteers and Staff, from any cause of action, claim or liability for damages or expenses, including but not limited to any claims for personal injuries resulting or arising out of any swimming activity or related activities.

Parent/Guardian Signature: _____ Date: _____

RIGHT TO REFUSE PICK UP OF CHILD

I understand Christian World Missions may refuse to allow my child to be transported home by anyone (including myself) that they feel may have their driving ability impaired due to drugs or alcohol or other circumstances. I understand that this is for safety reasons only and that Christian World Missions will contact another authorized individual included on this application to pick up my child.

Parent/Guardian Signature: _____ Date: _____

TRANSPORTATION/FIELD TRIP PERMISSION

I hereby give my permission for my child to participate in the activities and programs of Christian World Missions that necessitate transportation in vehicles. I understand that often local day trips will be unannounced. Out of town trips will be posted in advance. I understand that all trips will be under the supervision of the Christian World Missions Staff. I will not hold the Christian World Missions responsible in case of an accident. Notice of all trips will always be available at the administrative office.

Parent/Guardian Signature: _____ Date: _____

SCHOOL INFORMATION

I give permission to Christian World Missions and to the Starkville School District to exchange information regarding the minor child listed on this application. The purpose of the exchange is to help both organizations to do a better job of helping the student be successful in school, and while in Youth Community Explosion. This release is valid for one year and may be revoked at any time by contacting Christian World Missions in writing.

Parent/Guardian Signature: _____ Date: _____

SURVEYS & QUESTIONNAIRES

I, the parent/guardian of the minor child listed in this application, give permission for Christian World Missions to Survey my child about his or her experience, behaviors, skills and attitudes.

Parent/Guardian Signature: _____ Date: _____

DATA SHARING/COLLECTION

I give permission to the Christian World Missions to use the information about the minor child listed on this application for research purposes and/or to evaluate the program's effectiveness. Information that will be disclosed to CWM may include the information provided on this membership application form, information provided by the minor child's school or school data collected via surveys or questionnaires. All information provided to CWM will be kept confidential.

Parent/Guardian Signature: _____ Date: _____

PHOTO/VIDEO RELEASE

I understand that from time to time, Christian World Missions will have publicity photos/videos taken during programming for use in local media, brochures and on their website. I give permission for my child to be included in all photo opportunities.

Parent/Guardian Signature: _____ Date: _____

