

MEDICAL INFORMATION

Doctor's Name _____ Phone _____

Permission to contact Doctor/Hospital in case of a medical emergency YES NO

Child's Medical Provider _____ Policy# _____ Group# _____

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? (*Does not restrict your child from enrolling*)

ADD ___ ADHD ___ Other _____

ALLERGIES

Does your child have any known allergies (dust, medicine, plants, animals, food, etc.) YES NO

If so, what are they allergic to _____

MEDICATION DISTRIBUTION

List any medication(s) that your child is currently taking and 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.

Do we have permission to administer over-the-medicines for illnesses/cuts (Ibuprofen, stomachache, etc.)

YES NO

In case of accidental injury, the signee authorizes Christian World Missions Staff to see that the necessary medical treatment is obtained in the event that the parent or legal guardian is unable to be reached or is otherwise inaccessible. In the event, the signee 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 signee agrees to assume financial responsibility for cost incurred.

I have read the above and agree to the stipulations.

Parent/GuardianSignature _____ Date _____

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.

TRANSPORTATION/FIELD TRIP/SWIMMING 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. Also, I permit my child to participate in swimming activities at local pools and beaches this summer. 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.

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.

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.

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/GuardianSignature _____ Date _____

HOUSEHOLD INFORMATION

This information **MUST BE COMPLETED** and is used for data collection purposes only. This information does not determine membership status and all information is kept confidential.

Reasons for joining the Program (*circle all appropriate answers*)

Academic Support Behavior Fun School Referral Spiritual Growth Sports
 Other _____

Single Parent (circle) YES NO

Current Head of Household (circle) Male Female Both

Youth lives with (circle) Mom Dad Step-Mom Step-Dad Grandparent Guardian Other

TRANSPORTATION RELEASE FORM

**PERSONS AUTHORIZED TO PICK UP CHILD INCLUDING YOURSELF
 IF AUTHORIZED CONTACTS CHANGE PLEASE NOTIFY STAFF IMMEDIATELY**

Name	Phone Number	Relationship

Parent Signature _____

Please Return to:

*Christian World Missions
 1437 Fire Station Road
 Maggie Conner
 501-428-1591
 connermaggie15@gmail.com-+*

Office Use Only

APP DATE	FEES	SIGNED EXPECT	INTEREST FORM	INTERVIEW DATE	MWA FORM	POLICIES