# S.O.S. Summer Operation Sonshine

A Ministry of First Baptist Church, Georgetown
www.fbcjunglewalk.com

For Office Use Only
Date Pd_____ Amt. Pd. _____
Start Date_____ Other _____

## Application for Admission

Name _____
first middle last
*(Please print name exactly as it should appear on permanent records.)*

Name the student goes by:_____ ○ Male ○ Female

Date of Birth:_____ Age as of September 1, 2009_____

**Father's Information**
Father's/Guardian's Name _____

Home address _____

City _____ State _____ Zip _____

Home Telephone ( ) _____ Work ( ) _____

Mobile ( ) _____ email_____

Place of Employment _____ Position _____

Business Address _____

**Mother's Information**
Mother's/Guardian's Name _____

Home address _____

City _____ State _____ Zip _____

Home Telephone ( ) _____ Work ( ) _____

Mobile ( ) _____ email_____

Place of Employment _____ Position _____

Business Address _____

**Siblings** Name Age Grade School

_____

_____

**Church Information**

Father _____ Member/Regular Attendee ○ Yes ○ No
*name of church*

Mother _____ Member/Regular Attendee ○ Yes ○ No
*name of church*

Please check the appropriate choices.
○ Applicant attends church regularly. ○ Parents attend church regularly.

○ Applicant attends Sunday school.

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**Alternative Contact Information** (If we are not able to reach the student's parents or guardians.)
**ASIDE FROM THE STUDENT'S PARENTS OR GUARDIANS LISTED ON THE FRONT OF THIS FORM, ONLY THOSE PERSONS LISTED IN THE SECTIONS BELOW WILL BE ALLOWED TO PICK UP THE STUDENT.**

List **LOCAL** relatives, neighbors or friends who are able to pick up your child, in the event you cannot be reached.

Name _____ Relationship _____

Phone _____ Cell _____

Name _____ Relationship _____

Phone _____ Cell _____

Name _____ Relationship _____

Phone _____ Cell _____

List at least one relative (**LOCAL OR OUT OF TOWN**) we can contact in the event of an extreme emergency.

Name _____ Relationship _____

Phone _____ Cell _____

Name _____ Relationship _____

Phone _____ Cell _____

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**Special Needs** *(Please list any special needs your child might have; anything we need to be aware of):*

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