S.O.S. Summer Operation Sonshine

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

For Office Use Only
(1)Date Pd_____ Amt. Pd. _____ Ck #_____

(2)Date Pd_____ Amt. Pd. _____ Ck #_____

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:_____ Current Grade/Age Group (if applicable)_____

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.

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 _____

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

_____

_____

_____