

**New Rising Star Missionary Baptist Church
Community Support Corporation
7400 London Avenue, Birmingham AL, 35206
www.nrscommunity.org**

Rising Stars Enrichment Program Registration Packet

Date of Questionnaire _____

STEP 1:

Fill out Enrollment Packet.

Read and initial all agreements. Sign all sections that request
Parent/Legal Guardian/Custodian Signature.

The packet will not be accepted if all information is not complete.

STEP 2:

Please complete the Special Needs and Circumstances Section.

STEP 3:

Please take a moment to complete our questionnaires.

HOW DID YOU HEAR ABOUT THE PROGRAM?

PLEASE CIRCLE YOUR ANSWER: NEWSPAPER, INTERNET, FLYER, SCHOOL OFFICIAL, RADIO, CHURCH
ANNOUNCEMENT, ATTENDED SUMMER CAMP OR OTHER _____

IS THIS YOUR CHILD'S FIRST TIME WITH OUR PROGRAM? YES OR NO

WHAT ACTIVITIES DO YOU VALUE FOR AN AFTER SCHOOL/CAMP PROGRAM?

Circle all that apply: HOMEWORK HELP, CHARACTER DEVELOPMENT, ENRICHMENT CURRICULUM, PHYSICAL
EDUCATION, FIELD TRIPS, MUSIC AND/OR ART EDUCATION.

Other: _____

Veteran/Military Family Member Questionnaire

PLEASE CIRCLE YOUR ANSWER:

Child Information

Member of a Veteran Family	YES OR NO
Member of an Active Military Family	YES OR NO

Parent/Legal Guardian Information

Veteran	YES OR NO
Active Duty Military	YES OR NO



Select Program:
 Spring Camp []
 Summer Camp []
 After School []
 Winter Camp []
 School Closing Days []

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CHILD'S INFORMATION

Child's Full Name:		
Date of birth:	Age:	Sex: Male ____ Female ____
Current address:		
City:	State:	ZIP Code:
School:	Grade: [] Report card attached	

PARENT/LEGAL GUARDIAN INFORMATION (PRIMARY CUSTODY)

CHILD LIVES WITH: ____ Both Parents ____ Mother ____ Father ____ Guardian(s)		
Is there a court order protecting custody of this child? ____ Yes ____ No If yes, a copy of the court order must be included with this registration.		
Parent Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Cell Phone:	Email:

OTHER PARENT/LEGAL GUARDIAN

Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Cell Phone:	Email:

EMERGENCY CONTACT

Name (other than parent/custodian):	
Home Phone:	Alternative Phone:

PICK UP LIST (MUST BE OVER 18)

Name:	Phone:
Name:	Phone:
Name:	Phone:

Non-Authorized Person for Pickup:
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MEDICAL INFORMATION

Family Physician:

Address:	City:	Phone:
Insurance: Yes or No	Insurance Company:	Contract (Policy)#:

MEDICAL EMERGENCY AND ADMINISTRATION OF MEDICATION SIGNATURE

In the event of illness or accident in the course of camp/after school activities, I request that measures be instituted without delay as judgment of personnel dictates, with the understanding that the family will be notified as soon as possible, and I hereby authorize the doctor or hospital to which my child may be taken (and whomever they may designate as their assistants) to perform any emergency procedure or operation, to give treatment, and to administer an anesthetic to my child during his/her stay at the program.

I further give authority to the camp/after school to administer over-the-counter medication in the proper dosage to my child if needed (e.g. Tylenol, Motrin, Benadryl, etc.) and to administer other medication as prescribed by a physician without my further consent.

PARENT/LEGAL GUARDIAN/CUSTODIAN

DATE

HEALTH HISTORY:

☐ Asthma ☐ Fainting Spells ☐ Convulsions ☐ Sports Restrictions
☐ Diabetes ☐ Heart Trouble ☐ Bleeding Disorders ☐ ADD/ADHD
☐ Allergies or Reactions to Any Medications, or Other, Specify _____
☐ Allergic to Insects ☐ Other, Specify _____
☐ None of These Apply

Explain here if any of the above applies: _____

Immunizations:

☐ Tetanus Toxoid ☐ Polio ☐ Mumps ☐ Measles ☐ Pertussis
☐ Diphtheria ☐ Rubella

Does your child have difficulty with any of the following:

☐ Eyes ☐ Ears ☐ Nose ☐ Throat ☐ Lungs ☐ Digestion
☐ Other, Specify _____

Does your child have a condition that requires regular medication? **Yes or No**

Name of Medication _____

Please provide instructions for dosage. _____

Does your child wear glasses or any other medical appliances? **Yes or No**

If yes, please specify. _____

Does your child have any restriction of activity for medical reasons? Please explain.

Are there any foods that your child should avoid? **Yes or No**. If yes, please explain. _____

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Field Trip and Photo Agreement

The camper/after school participant herein described has my permission to engage in all after school activities (including swimming as organized by the City of Birmingham Park and Recreation Board) and day trips, except as noted by me and/or the physician.

Exceptions noted by Parent and/or Physician _____

I further give my permission for the Rising Stars Camp/After School Enrichment Program and/or New Rising Star Missionary Baptist Church and/or New Rising Star Missionary Baptist Church Community Support Corporation to provide daily transportation from my child's designated school to the after school site located at 7400 London Avenue, Eastlake, Birmingham, Alabama 35206.

I also give my permission for my child's photo to be used for publication in marketing, grant applications and any other instance of promoting the Rising Stars Summer, Spring, and Fall Camps and After School Programs.

PARENT/LEGAL GUARDIAN/CUSTODIAN

DATE

SPECIAL NEEDS AND CIRCUMSTANCES

Does your child have an IEP at school? **Yes or No**

Does your child have a 504 plan at school? **Yes or No**

Is your child prone to breakdowns or fits? **Yes or No**

If yes, what are triggers for your child (i.e. children teasing). _____

Is there any other circumstance that could cause your child to be withdrawn, act out or display inappropriate behavior during the program? **Yes or No** Please Explain

Other: _____

Camp/After School Policy Agreement

Initials	Read
	I hereby attest to, and certify that the aforementioned statements are true, correct and accurate to the best of my knowledge. Furthermore, I understand failure to disclose any information which may affect my child's eligibility for the Rising Stars Camp/After School Enrichment Program may be grounds for denial of admittance or program dismissal.
	I have read, signed and received a copy of the Rising Stars Code of Conduct.
	In the event that questions of child custody should arise, the Rising Stars Camp/After School Enrichment Program will follow the directives of the parent that registered for the program unless court documentation to the contrary can be produced.
	I understand my child will not be released to anyone under the age of 18 or suspected to be under the influence of alcohol or other illegal substance. I understand that any person picking up my child may be asked to produce a form of identification.

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WAIVER/RELEASE OF LIABILITY

I (We) _____, parent/legal guardian/custodian of camper/after school participant _____, agree and understand that some activities (i.e. swimming and other sports) may be hazardous. I recognize there are risks inherent in after school activities, including but not limited to paralyzing injuries and death.

As parent/legal guardian/custodian of the camper/after school participant named herein, I agree to his/her participation in camp activities and hereby agree to indemnify and hold harmless the Rising Stars Camp/After School Program, New Rising Star Missionary Baptist Church and NRSMB Community Support Corporation and their officers, directors, agents, volunteers and employees against any liability resulting from an injury that may occur to the participant while participating in camp/after school activities.

As parent/legal guardian/custodian, I further agree to indemnify New Rising Star Missionary Baptist Church, NRSMB Community Support Corporation and the Rising Stars Camp/After School Program for any damages incurred arising from any claims, demands, actions or causes of action by the camp/after school participant.

As parent/legal guardian/custodian, I hereby agree to pay all costs associated with medical care and transportation for said camper/after-school participant.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Parent/Legal Guardian/Custodian Signature

Date

Parent/Legal Guardian/Custodian Signature

Date

Payment Information

Name of Person Responsible for Payment:

Address:

City

State:

Zip code:

Child's Name:

Initials

Read

I understand there is a non-refundable deposit of \$25.00, to be paid at the time of application.

I understand there is a \$35.00, service charge for all returned checks.

I understand that if payment is made via: Childcare Central, Childcare Resources, DHR, or Scoop, I must attach the certificate of childcare award to this application. Furthermore, I understand that my application is not complete until the certificate of childcare is received.

I understand after 6:00 p.m., an overtime fee of \$1.00 per minute will be applied to my account.

NRSMBC COMMUNITY SUPPORT CORPORATION
NEW RISING STAR MISSIONARY BAPTIST CHURCH
RISING STARS CAMP/AFTER SCHOOL PROGRAM
7400 London Avenue, Eastlake
Birmingham, Alabama 35206

AFFIDAVIT of Notification of LICENSE EXEMPT STATUS

STATE OF ALABAMA
County of Jefferson

Before me, a notary public in and for said state and county, appeared _____ and
is known to me, after being duly sworn or affirmed says as follows:

That Affiant is the parent or legal guardian of the minor child _____, that
affiant has been notified by Mrs. Cheryl Lee, a representative of New Rising Star Missionary Baptist Church, NRSMBC
Community Support Corporation, Rising Stars Camp/After School Program, that said church or school has filed notice
and is exempt under law from regulation by the Department of Human Resources.

Parent / Legal Guardian

Sworn, or affirmed to and subscribed before me this _____ day of _____, 201____.

Notary Public

My Commission expires _____

****Return with Registration Form****