



**YOUTH COMMUNITY EXPLOSION**  
**REGISTRATION FORM**  
**COST \$30**



**BACKGROUND INFORMATION**

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender Male Female

Child's Age \_\_\_\_\_ Child's T-shirt size (circle) XS S M L XL XXL

Child's Race (Circle) African American Asian Caucasian Hispanic Native American

**SCHOOL INFORMATION**

School Attending \_\_\_\_\_ 2016-2017 Grade \_\_\_\_\_

Extracurricular Involvement \_\_\_\_\_

**FAMILY INFORMATION**

MOTHER'S/GUARDIAN'S NAME \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Highest Education Level: Grade Level \_\_\_\_\_ GED Diploma Associates Bachelors Masters

FATHER/GUARDIAN'S NAME \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_ Address \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Highest Education Level: Grade Level \_\_\_\_\_ GED Diploma Associates Bachelors Masters

**RELIGIOUS BACKGROUND**

What is your religion/faith: None Christian Muslim Other \_\_\_\_\_

Do you attend Church: YES NO

If so, where and how often \_\_\_\_\_

Are you open to attending Bible Study here: YES NO

## 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)

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## 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.

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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.

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**I have read the above and agree to the stipulations.**

Parent/Guardian Signature \_\_\_\_\_ 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/Guardian Signature \_\_\_\_\_ 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**

<b>Name</b>	<b>Phone Number</b>	<b>Relationship</b>

Parent Signature \_\_\_\_\_

### **Please Return to:**

*Christian World Missions  
1437 Fire Station Road  
Brittany Radford  
Cell: (662) 648 – 9575  
Office: (662) 324 – 0390  
brittany@globalcl.org*

### **Office Use Only**

<b>APP DATE</b>	<b>FEES</b>	<b>SIGNED EXPECT</b>	<b>INTEREST FORM</b>	<b>INTERVIEW DATE</b>	<b>MWA FORM</b>	<b>POLICIES</b>

## **DAILY SCHEDULE**

4:00 - 4:15 WELCOME & SNACK

4:15 - 5:00 BIBLE STUDY

5:05 - 5:55 ACADEMICS

6:00 - 6:25 FREE TIME

6:20 - 6:30 CLEAN UP

6:30 - 6:45 PICK UP