

**SWIFT:Konnnect  
Enrollment and  
Permission  
Form  
Sept. 16, 2009-  
May 19, 2010**

**SWIFT:Konnnect After-School Program (Church)**

Student's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Please Return Form  
to Ms. Bethany  
At First Baptist  
Church**

Parents' Names: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell or Work Phone: \_\_\_\_\_

Family E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Siblings' Names: \_\_\_\_\_ Age: \_\_\_\_\_ Enrolled in SWIFT? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Food and Medicine Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, parent or legal guardian of the above-named child, do hereby give permission to participate in the SWIFT:Konnnect After-School Mentoring Program. I will not hold the First Baptist Church or any of its staff or agents responsible in case of an accident.

I further consent to any hospital, medical or surgical care and treatment, determined by a qualified physician to be necessary for the welfare of my child, while said child is participating in the event, and I am not reasonably available to give consent.

◇ I will pick up my child at 7:30-8:00 pm on the second floor of the south building at First Baptist Church, 216 East Second Street North. Other persons permitted to pick up my child:

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**Parent or Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_