



Homeschool/Sports Enrollment Packet

Student Information

1	First Name		Middle Name		Last Name		Goes by/Nickname	
	Date of Birth	Age as of Sept. 1, 2016	Grade	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Personal Cell Number		
2	First Name		Middle Name		Last Name		Goes by/Nickname	
	Date of Birth	Age as of Sept. 1, 2016	Grade	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Personal Cell Number		
3	First Name		Middle Name		Last Name		Goes by/Nickname	
	Date of Birth	Age as of Sept. 1, 2016	Grade	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Personal Cell Number		
4	First Name		Middle Name		Last Name		Goes by/Nickname	
	Date of Birth	Age as of Sept. 1, 2016	Grade	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Personal Cell Number		

DB: _____
 CEA: _____
 QB: _____

Parent/Guardian Information

FATHER/Guardian Name*		Email:	Cell Phone
Father's Home Address (if different from Student)		Home Phone	
Father's Place of Employment		Occupation/Title	Work Phone
*If person named above is not the biological father, please explain the relationship with Student:			Text? Yes No
MOTHER/Guardian Name*		Email:	Cell Phone
Mother's Home Address (if different from Student)		Home Phone	
Mother's Place of Employment		Occupation/Title	Work Phone
*If person named above is not the biological mother, please explain the relationship to the Student:			Text? Yes No

Emergency Contacts/Pick-Up List

Please add additional individuals below that are authorized to pick up your child and/or may be contacted in an emergency. (In the case of an emergency we will attempt to contact the parent/guardian first.)

1	Name				Relationship
	Street Address	City	State	Zip	Phone
2	Name				Relationship
	Street Address	City	State	Zip	Phone
3	Name				Relationship
	Street Address	City	State	Zip	Phone

Medical Information

Allergies or Special Needs: _____		
Any existing illnesses or previous serious illness or injury: _____		
Does your child require a special diet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify _____		
Is your child currently taking any type of medications? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list medicines: _____		
List any chronic medical conditions: _____		
Has this child been hospitalized in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list reason: _____		
<p>In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the staff of the Salem Sayers Baptist Academy and/or Church to take my child to the doctor or hospital listed below for medical attention.</p> <p>If the doctor listed is not available, or the situation is urgent, the staff may secure medical attention for my child from any other licensed physician, EMS technician, emergency medical clinic, or hospital. I will assume full responsibility for the cost of any emergency services at the school, hospital, or doctor's office, and for the transportation cost, if any. I understand that the Children's Hospital of San Antonio (333 North Santa Rosa, San Antonio, TX) will be used due to its convenient location.</p>		
Doctor's Name	Doctor's Full Address (include City, State, Zip)	Phone

*I give my permission for the above named child(ren) to ride to and from sports events either in church vans, buses or parent vehicles. I WILL NOT HOLD SSBA, Salem Sayers Baptist Church, the teachers, school administration, or other parents responsible for any accident, illness, or injury which may occur to my child while attending a sports event. **Permission is also granted for the use of pictures of my child on SSBA flyers, the SSBA website, and for other promotional purposes.***

I give permission for my home phone number to be printed on a team list distributed to team members/parents: Yes No

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Fee: \$75 per family/per year
