



*Starts September 4th!*

*5:30 - 7:30 p.m.*

**Dinner Provided**

Faith Community Fellowship is proud to present BLAST to the Massillon Community. BLAST is split into 2 semesters and meets on Wednesdays for 17 total weeks, September- March, from 5:30 -7:30 pm with dinner, lessons, crafts and games for the children.

Attached are forms that must be filled out and signed.

- **Registration Form**
- **Parent Pick-Up Consent Form (must be updated from last year)**
- **Allergy Awareness Acknowledgement**

We are asking for your help this year in turning in ALL forms prior to registration. This will help with our Electronic Check-in process. We are also asking that you pay the BLAST Fee at registration. We take check or cash. Checks can be made out to Faith Community Fellowship. The fee this year is \$20.00 per child; scholarships are available. Please see someone on staff if you are in need of a scholarship.

As always, we will register all year long, but if you are planning on starting at the beginning of our season please try and fill out the proper paperwork before the first night.

Thanks for your help in this matter.  
FCF BLAST Team & Staff

***BLAST fee must be paid at registration***

**\$20.00 per child**

May we pray for your family?

Specific prayer requests: \_\_\_\_\_

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

## BLAST Registration Form 2024-2025

### Parent/Legal Guardian Information

Name of Guardian:		Relationship to child:	
Address:		Email:	
City:	State:	Zip code:	
Home Phone:	Cell Phone:	Home Church:	

### Emergency Contact (other than parent)

Emergency Contact 1:	Phone:	Relationship to child:
Doctor:	Phone:	Hospital:

### Participant Information

Name of Child #1:		Grade:
Age:	Birthday:	School:
Allergies (state none if none) or Special information (Medications, activity restrictions):		
Name of Child #2:		Grade:
Age:	Birthday:	School:
Allergies (state none if none) or Special information (Medications, activity restrictions):		
Name of Child #3:		Grade:
Age:	Birthday:	School:
Allergies (state none if none) or Special information (Medications, activity restrictions):		
Name of Child #4:		Grade:
Age:	Birthday:	School:
Allergies (state none if none) or Special information (Medications, activity restrictions):		

### Terms and Conditions

- 1.) I consent to and approve my child taking part in any and all activities at BLAST. I release, hold harmless and indemnify Faith Community Fellowship, employees, volunteers, officers and directors from any and all liability, costs and claims arising from my child's participation in BLAST and Faith Community Fellowship.
- 2.) I grant permission that in an emergency where a BLAST volunteer cannot get ahold of a parent/guardian and/or emergency contact, the BLAST volunteer can contact medical help or administer medical treatment (EpiPen). (Choose one)  yes  no
- 3.) I grant FCF's BLAST club the right to reproduce, publish and otherwise use my child's photograph in any and all social media. (Choose one)  yes  no
- 4.) I have read and reviewed the above information and it is correct and thorough.

Printed Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY: Form of Payment:  Cash  Check# \_\_\_\_\_  Scholarship



# Faith Community Fellowship Allergy Awareness Acknowledgement

Dear BLAST Parents,

Faith Community Fellowship recognizes the serious health risks peanuts and other food allergens pose to those affected by them. Through staff and teacher education, parent communication and attention to ingredients, we strive to minimize the risk of exposure to food allergens by those participating in church sponsored programs and activities.

Despite all the best efforts to be allergy aware, due to the size of the church, its programs and shared building use, we recognize that we cannot guarantee that products with nuts and other allergens will not be served. As a result, parents of children with food allergies are to be responsible and diligent in protecting themselves and their children at all church functions. Please note the following:

1. Parents are responsible for providing an “Allergy Action Plan” and/or an “Emergency Action Plan” for their child with allergies. This plan should be turned in with the BLAST registration packet. (If you have questions regarding these plans please consult with your child’s health care provider. Templates for these plans can also be found online.)
2. Parents are responsible to notify/remind the BLAST staff upon check-in regarding any allergy concerns.

An integral part of our BLAST Ministry involves providing dinner for the children prior to beginning the ministry portion of the evening. **Each BLAST evening, we feed approximately 125 children and volunteers. The food we provide is prepared entirely by volunteers who rotate each week. For this reason, we cannot guarantee that the meal and snack provided will be allergen free. If this affects your child you can choose one of two courses of action which are as follows:**

1. You are welcome to send your child to BLAST with their own meal and snack from home which they may eat during the regularly scheduled mealtime with the other children. **NO NUTS OR PEANUT BUTTER.**
2. You may alternatively choose to bring your child at 6:00PM (as opposed to the regular start time of 5:30 PM). This option will allow the dinner portion of the evening to be avoided while still allowing your child to participate in the lesson, craft and game time.

In consideration of Faith Community Fellowship’s Children’s Ministry allowing my child to participate in activities, I do hereby release and forever discharge Faith Community Fellowship’s Children’s Ministry, their staff, agents, employees and any parties volunteering on behalf of Faith Community Fellowship’s Children’s Ministry from all actions, claims, costs, expenses and damages of any nature whatsoever arising from or in connection with any allergy related health issue arising during participation in BLAST.

I acknowledge that I have received, read and understand Faith Community Fellowship’s above outlined allergy awareness acknowledgement.

	Child’s Name (Print)
Parent/Guardian (Print Name) _____	_____
Parent/Guardian (Sign Name) _____	1. _____
Date: _____	2. _____
	3. _____
	4. _____