NEA BAPTIST

CENTER FOR HEALTHY CHILDREN

PROGRAM APPLICATON

909 Enterprise Drive• Jonesboro, AR 72401 • Phone (870) 936-7960 • Fax (870) 934-3674
Will.OliverIII@bmhcc.org

Date: _____

Child's Name: _____Age: _____

Shirt Size: _____ Birthdate:_____

Height: _____ Weight: _____School: _____ Grade: _____

Name of person filling out application: _____Relationship to child: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Pediatrician: _____

List current health problems and/or allergies: _____

_____

_____

Does your child use an inhaler? Yes No

If so, can you provide a spare to be kept at CHC? Yes No

List current activities/sports: _____

_____

Family history (heart disease, diabetes, etc.): _____

_____

_____

Please select the session the child will attend. ☐ Session 1: June 22-July 10 ☐ Session 2: July 20-Aug 7

Mother's name: _____Age: _____ Height: _____ Weight: _____

Father's name: _____Age: _____ Height: _____ Weight: _____

NEA Baptist Charitable Foundation Center for Healthy Children will provide (free of charge) nutrition education, diet and exercise programs for children who are overweight. The parents of these children will also be expected to attend nutrition classes along with their child and be committed to the program for a period of 12 weeks, 3 days per week. You will receive a letter in the mail letting you know if your child(ren) qualify.

Signature: _____ Date: _____