

Saturday Bible School

Saturday, November 13, 2010, 8:30 AM – 3:30 PM

(snacks and lunch provided)

Permission Form for children age 2 ½ thru 4th grade

(please complete and return to church office no later than Friday, November 5th)

Child's Name:(last)_____ (first)_____

Age: _____ Current grade in school: _____

Date of Birth: ____/____/____

Parent/Guardian Name: (last)_____ (first)_____

Address: _____

City: _____ State _____ Zip _____

Phone Numbers:

Home: _____

Mom's Cell Phone: _____

Dad's Cell Phone: _____

Email: _____

Emergency Contact Info: (in case of accident or sudden illness, if different than Parent/Guardian)

Name: _____ Relationship: _____ Phone: _____

Does this child have any medical condition(s) that we should be aware of (allergies, medications, etc.) If so, please explain: _____

Siblings also attending this Bible School: _____

May we have your permission to use your child's picture in our church bulletin or web page regarding Bible School?

Yes _____ No _____

By signing, I give my child permission to participate in any and all church Bible School activities.

Parent/Guardian: _____ Date: _____