

Fall/Spring
2019/2020

Parents, please give us complete and accurate information, so that we can best protect and provide for your child.

Wonderful Wednesdays Millers Creek

Child's Name:			
Mailing Address:			
Street Address:			
City:		Zip + 4:	
Home Phone:		Birth Date:	
E-mail address:			
Parent's Name:			

School Information	
School Attending	
Grade	
Teacher to contact at pickup:	
School dismisses @:	

Emergency Information
Person to contact in the afternoon in case of an emergency:
Emergency Phone Number:
() - .
Parent's Place of Business (if different)
Business Phone:

Parents, please give us instructions and directions concerning your child's pickup at the church at 5:30 p.m.

- My child will be riding the church bus/van
- I will be picking them up
- Someone else will pick them up: *Please list name* _____
- Other *Please explain below.*

Please share any other pertinent information that may be helpful to us.

SIGNATURE of PARENT: _____

Note: A copy of this form will be provided for the principal's office at your school. Please send a note with your child on the first morning of Terrific Tuesdays @ Millers Creek reminding the teacher that the Millers Creek Baptist Church Bus/Van will be picking them up that afternoon

I grant permission for my child to be picked up by the Millers Creek Church bus and the staff or associated persons driving the Millers Creek Baptist Church bus or van for the Terrific Tuesdays afterschool music program.

Signature of Parent/Guardian _____ Date _____