|  |
| --- |
| STUDENT/CHILD INFORMATION |
| Child Name: |  | Male/Female: |  |
| Street Address: |  | Age: |  |
| City, Zip: |    | Child School Grade: |  |
| Other Siblings Attending: | 1.2.3. | Birthday:(Please include siblings’ birthday, Male/Female, school grade, age) |  |
| PARENT/GUARDIAN INFORMATION |
| Parent/Guardian Name(s): |  | Relationship to Child: |  |
| Phone Number: |  |  |  |
| Other Approved to Drop-off/Pick-up: |  | Relationship to Child: |  |
| Phone Number: |  |  |  |

|  |  |
| --- | --- |
| Emergency Contact (Name/Number): |  |
| Emergency Contact (Name/Number): |  |

|  |
| --- |
| ADDITIONAL INFORMATION  |

|  |  |
| --- | --- |
| WILL YOUR CHILD BE DROPPED-OFF/PICKED-UP OR WILL THEY BE RIDING TRINITY’S BUS/VAN? | MEDICAL OR ALLERGY INFORMATION: |

|  |
| --- |
| AGREEMENT AND CONSENT |
| By signing this form below, the designated parent/guardian listed above confirms the information provided is accurate and confirms agreement to all that is written in TRINITY BAPTIST CHURCH’S YOUTH/CHILDREN’S MINISTRY POLICIES AND PROCEDURES. If you would like a copy of this document, one will be provided for you by request. You can also find it on our website at trinitybaptist-illinois.com. Additionally, by signing this form, the parent/guardian is compliant with Trinity Baptist Church’s workers, helpers and drivers purposes for teaching the Bible.  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Parent/Guardian Signature: |   | Date: |  |