

Join us for Extreme Kids Bible Club!

Tuesdays - 3:45-5:00

Fill out this form or form is available online at www.cbctipp.com
Questions call 667-2710 W-F from 9-3

Child's Name(S) _____ Age _____ Grade Last Completed _____

If you would like your child picked-up at school what school _____

I understand I, as the parent/guardian must notify the school of the pick-up arrangement.

Should your child need any emergency medical attention we request the permission of parent or guardian to make decisions and transport the child.

Parent or Guardian Signature _____

Allergies _____

Physical Restrictions _____

Other Information You Feel We Should Be Aware Of _____

Parents Name _____

Address _____

City _____ State _____ Zip Code _____

Phone(s) _____ email _____