

First Baptist Church Blountville Preschool and Children's Ministry Participation Authorization

Child's Information

Child's Name: _____
Last First Middle

Mailing Address: _____

City: _____ State and Zip: _____

Name Child Goes By: _____ Date of Birth: ____ - ____ - ____

School: _____ Grade: _____

Home Church: _____

Family Information

Parent(s) or Guardian(s): _____

Street Address: _____

City: _____ State and Zip: _____

Home Phone: _____ Cell Phone: _____

Family E-Mail Address(es): _____

If parents are separated, with whom does the child reside? _____

Other Children in the Family

Name: _____ Date of Birth: ____ - ____ - ____ School if applicable: _____

Name: _____ Date of Birth: ____ - ____ - ____ School if applicable: _____

Name: _____ Date of Birth: ____ - ____ - ____ School if applicable: _____

Transportation and Child Release Plan

To insure the safety of your child, please list three adults to whom your child may be released to and are authorized to provide transportation. They should be prepared to present a photo ID, if requested. Your child will not be released to an unauthorized person.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

By filling out and signing this form, I, the parent or guardian of the above child, give permission for my child to be on the property of First Baptist Church Blountville and to participate in preschool and children's ministries. This participation will include, but may not be limited to, biblical instruction, contact and non-contact games, food consumption, individual and group discussions, carefully selected audio and video presentations, and transportation to and from First Baptist Blountville. This also gives permission for church leaders to contact my child or family by phone, home visit, or by mail concerning children's events and ministry opportunities and to send correspondences such as birthday and get well cards.

Parent or Guardian Signature: _____ **Date:** _____