

**FIRST BAPTIST CHURCH ENROLLMENT FORM
BUS/VAN MINISTRY**

Date _____

Name of Child(ren): _____

Age(s): _____ Grade(s) in School: _____

Name of Parent(s): _____

Address: _____

City: _____ Zip Code: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

Emergency Contact: _____

Emergency Phone Number: _____

Special Instructions (Allergies, medicine, etc.):

Other Remarks:

Permission to ride Bus or Van (please check one): Yes No

When picked up for Sunday School or Church: they will arrive home before 12:30 pm

When picked up for Awana: in town before 8: 30 pm. Country route before 8:45 pm at the latest

Any questions: call 488-3333 – church office phone number

Parent / Guardian Signature (required): _____

Date _____