City, State and Zip Code Telephone	Street Address City, State and Zip Code		
Emergency Contact #2 (other than parent) Name Relationship Phone  In order that we might locate you as quickly as possible, please answer the appropriate questions:  Where would we find you: during the Sunday School Hour?	Emergency Contact #1	mail	(Check any appropriate boxes)  □ Sunday School □ Nursery □ CLC
Where would we find you:  during the Sunday School Hour?  during the Morning Worship Hour?  on Wednesday evenings?  Please list special circumstances of which we should be aware in order to best meet the needs of your child?  For Parents of Children in Kindergarten or Younger  For Parents of Children from First –Fifth Grade Two Options are Available – Please Check One  My child may be released from classes or activities to the following persons:  (Please indicate name/relationship to child)  1	Emergency Contact #2	·	<ul><li>□ Children's Worship/CWJR</li><li>□ Van Privileges</li></ul>
My child may be released from classes or activities to the following persons:  (Please indicate name/relationship to child)  1	Where would we find you:  during the during the on Wednes	Sunday School Hour? Morning Worship Hour? sday evenings?	
activities to the following persons:  (Please indicate name/relationship to child)  1			
	activities to the following persons:  (Please indicate name/relationship to child)  1	My child has permission to leave the classroom after classes or activities. (children should be instructed where in the	Please keep my child in the classroom after classes or activities until one of the following persons picks them up: (please list approved persons to pick up your
3 church building they should meet you.)	3		
Signature of Parent or Guardian — Date —	Signature of Parent or Guardian		Date —
Medical Release Form  In the event we cannot be reached during an emergency, I (we) give permission for our child to be treated by a licensed healthcare professional, and for said person to administer care as necessary, including anesthesia.		n emergency, I (we) give permissi	
Signature of Parent or Guardian  Date  Please note any medical allergies, problems or medications being taken or other information that is pertinent:		Date	