

Bible Study Registration
Fall 2016 (Aug. 10th - Dec. 14th)
For all 4th & 5th Grade Children

Wednesdays, 6:30 - 8:00pm

Registration Fee: N/A

Deadline: N/A

Child's Name: _____ Age: _____ Grade: _____

Child's Name: _____ Age: _____ Grade: _____

Church Member? _____

Address: _____ City: _____

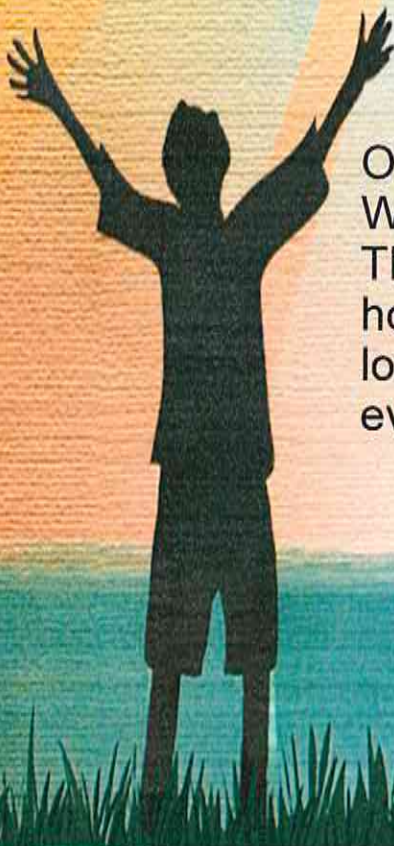
State: _____ Zip Code: _____

Phone Number: _____

Email: _____

Parent's Names: _____

Parent's Cell Phone Number: _____



Our 4th & 5th Grade Bible Study meets every Wednesday throughout the school year. There is 30 minutes for games/activity and 1 hour for Bible Study/Scripture Reading. We'd love to have your child join us on Wednesday evenings!

I can help with Mission 252 or 4/5th Grade Study

Please mark where you are interested in helping.

_____ PreK Class

_____ 2nd Grade Class

_____ Kindergarten Class

_____ 3rd Grade Class

_____ 1st Grade Class

_____ 4th/5th Bible Study

Luke 2:52, "And Jesus grew in wisdom and stature
and in favor with God and men."

The story/activities, music, and recreation centers of Mission 252 all last 30 minutes.

Emergency Medical Release Form

I hereby give permission for _____ to participate in the United Methodist enterprise ("enterprise") for which he/she is enrolled, and do not hold the enterprise or the **Simpsonwood United Methodist Church**, any of their representatives, staff or officers (to include officers, etc. of enterprise) responsible for sickness, injury or death resulting from any physical unfitness of my child to participate in the enterprise activities. In case of medical emergency, I understand every effort will be made to contact a family member. The information provided on this registration form regarding my/my child's medical history and condition is complete and correct to the best of my knowledge. In the event I cannot be reached, I hereby give permission to the physician selected by the **Simpsonwood United Methodist Church** staff, representatives, or officers to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for me/my child, as named above. Lastly, any expenses incurred under the above will be borne by the child's family. The church is not responsible for anything that may happen as a result of false medical or personal information given at the time of enrollment.

Additional contacts in the event you cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Physical Limitations or Allergies (circle one): _____ Child's Name: _____

Physical Limitations or Allergies (circle one): _____ Child's Name: _____

Physician's Name: _____ Phone: _____

I hereby grant permission to any hospital to administer treatment to my child in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance or care if warranted.

Pictures may be taken of the individual for use in publicity of
Simpsonwood United Methodist Church: (circle one) yes or no

Parent's Signature: _____

Date: _____

NOTARY PUBLIC