

Please use pen to print clearly and fill out form completely. An incomplete form may delay student's ability to begin attending classes. Mail your completed form to the address above, fax it to 241-5092, or return it to your school office.

Making an Eternal Difference in the Lives of Children

Released-Time Bible classes for Berea Middle School students will be held on **Wednesdays** beginning the third full week of September and ending in March. The Bible classes will be held during a related arts class period. Students will be transported by bus to **College Park Church**, 8211 White Horse Road, Greenville, SC 29617.

| STUDENT INFORMATION | | | | Student is attending school: <input type="checkbox"/> In-Person or <input type="checkbox"/> Virtual | |
|--|---------------|--|---|--|-------------|
| STUDENT NAME: (First and Last): | | | BIRTHDATE: | | |
| CIRCLE ONE: Male / Female | GRADE: | List allergies with reactions, medications, important health information: | | | |
| PARENT INFORMATION | | | | | |
| PARENT/GUARDIAN NAME: | | | | | |
| First: | | Last: | | Spouse: | |
| ADDRESS: | | | CITY: | | ZIP: |
| PHONE: | | | EMAIL: | | |
| Home: | Cell: | Work: | <input type="checkbox"/> Check if you prefer NOT to receive email news or updates from CLC. | | |
| EMERGENCY CONTACT: | | | | | |
| Name: | | | Phone: | | |
| ALTERNATE CONTACT: | | | | | |
| Name: | | | Phone: | | |

I certify that I am the parent/legal guardian of the student listed above. I give permission for the above student to attend the Released-Time Christian Education classes of Christian Learning Centers of Greenville County. I understand the Bible class is a non-credit course and is designed for students who wish to augment their education with religious and moral instruction, that this class is not designed to conflict with or replace required credit classes, and that students are still responsible for school assignments they miss while attending the Bible class. *My child and/or other members of my family may be identified, photographed, and/or interviewed by or on behalf of this organization. These may be used by the media, in social media, the organization's newsletter, and/or other print and digital communications.
* No, I do not wish that my child be photographed.

I understand that in case of medical emergency, every effort will be made to contact me and/or the emergency contacts listed above. I give permission for my child to be involved in occasional recreational/sports activities while attending Released-Time Class. I hereby grant to the adult volunteer of your program to treat minor injuries and to authorize treatment by a physician until such time as I can be reached. **I understand that this is a permanent consent form and will allow my child to attend Released-Time until he/she is withdrawn or changes school. It is my desire that my child attend Released-Time Christian Education classes.**

I have read the Procedures and Guidelines on the back of this form.

I heard about the Released-Time program from _____.

 X
Parent/Legal Guardian Signature (Must be 18 or older)

_____/_____/_____
Date

Parent/Legal Guardian Print Full Name

| FOR OFFICE USE ONLY | |
|---------------------|-----------|
| E: _____ | A: _____ |
| Updated: _____ | By: _____ |