

Answers Bible Class Application • 2024-2025

(Please complete one application for each child.)

Student Information:

Child's Name		_ Age	Grade	
Home Phone	Date of Birth (including year)			
Parent's Name(s)				
Address				
City				
Parent's Cell Phone	Parent's E-mail_	Parent's E-mail		
Name of church now attending (if any)				
□ Grades Pre-K – 2 Emergency Information:	Classes (Please check o Grades 3 – 6	,	ades 7 – 12	
Person(s) to contact in case of an emerger	ncy, if parent(s) cannot be rea	ached:		
Name	Phone	Relations	ship	
Name	Phone	Relations	ship	
Physician's Name	Phone			
Specific medical allergies, chronic illne	sses, or other conditions $_$			

Emergency Authorization:

I hereby authorize the leaders of Answers Bible Class to act on my behalf when I cannot be contacted IN CASE OF AN EMERGENCY resulting in the need of medical attention for my child named above.

I also agree to hold harmless the Answers Bible Class leadership and Lindsay Lane Baptist Church from any accidents as a result of my child's participation in its activities. Furthermore, I agree to reimburse Lindsay Lane Baptist Church for any and all medical expenses incurred by my child.

I agree to cautiously keep my child(ren) home if they have any symptoms of illness or fever.

Parent/Guardian Signature ____