First Baptist Church Cleburne

Van Rider Information Sheet

Parents Name: _____

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

Address: _____

_____

_____

Home Phone Number: _____

Cell Phone Number: _____

Emergency Contact Number (Best way to reach you in case of emergency):

_____

I give permission for my child/children to ride on the church van to and from First Baptist Church Cleburne on its designated route.

Parent Signature: _____