

BIBLICAL STUDIES RELEASED TIME
2021 – 2022 Registration for 3rd – 5th Grade

Biblical Studies Released Time is proud to offer the opportunity for Clover School District students to receive Biblical instruction during the school day. This program is not funded through the school district. It is solely dependent on gifts from local churches and individual donations.

Bethany students walk to Bethany ARP Church. Bethel students will be transported by bus to Living Waters Church. Crowders Creek students will be transported by bus to Lake Wylie Christian Assembly. Griggs Road students will be transported by bus to Bethel Presbyterian Church. Kinard students will be transported by bus to Clover ARP Church. Larne students will be transported by bus to Greater Life Ministries. Oakridge students will be transported by bus to The Journey Church. Classes are held once a week for a 30-to-40-minute time period.

If you wish for your child to participate in the Bible program you must sign and complete all parts of this form or register on our web page. If you have any questions, call Doneese Owens at (704) 616-2607. Please visit our website: www.bsrtclover.com

____ Yes, I would like for my child to participate in Biblical Studies Released Time for the 2021-2022 school year. My child has permission to leave the school property with the program's personnel once a week to attend Bible class.

Can your child be **photographed** during Bible class to be used in the Released Time newsletters/website (no names used) or at Released Time functions? YES _____ NO _____ T-Shirt size (3rd Graders) _____

Please enroll my child for the 3rd grade _____ 4th grade _____ 5th grade _____

School my child will attend _____

Student name _____

Student's Cell _____ Student's Email _____

Parent/Guardian name _____

Parent's Cell # _____ Parent's Email _____

Home Address: _____

Home Phone: _____ Daytime Phone: _____

Parent Signature: _____ Date: _____

(Please circle the best way to contact parent and or child)

Emergency Medical Information & Medical Release

Emergency Contact _____ Phone Number _____

HEALTH CONCERNS (allergies, diabetes, asthma, etc.) _____

"I understand that it is my responsibility to provide Clover School District, and thereby the staff of BSRT, with any necessary medications for this student. BSRT staff has permission to take emergency medication (s) (i.e. epi-pen, inhaler, etc.) listed below from Clover School District property to Bible class for my child, and that medication(s) will be returned to the school when the student returns. In the event of a medical emergency, 911 or a trained medical professional will be contacted immediately, since BSRT Staff are not medically trained."

Medication(s): _____

Parent Signature: _____ Date: _____

T-shirts are free for 3rd graders. 4th and 5th graders may purchase a shirt for \$10.00.