

**BIBLICAL STUDIES RELEASED TIME**  
**2023 – 2024 Registration for 3<sup>rd</sup> – 5<sup>th</sup> Grade**

Biblical Studies Released Time is proud to offer the opportunity for Clover School District 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> grade 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](http://www.bsrtclover.com)

\_\_\_\_ Yes, I would like for my child to participate in Biblical Studies Released Time for the 2022-2023 school year. My child has permission to leave the school property with the program's personnel 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 (3<sup>rd</sup> Graders) \_\_\_\_\_

Please enroll my child for the 3<sup>rd</sup> grade \_\_\_\_\_ 4<sup>th</sup> grade \_\_\_\_\_ 5<sup>th</sup> grade \_\_\_\_\_

School my child will attend \_\_\_\_\_ Male or Female (circle)

Student name \_\_\_\_\_ Birthdate \_\_\_\_\_

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)**

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**Emergency Medical Information & Medical Release**

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

HEALTH CONCERNS (allergies, diabetes, asthma, etc.) \_\_\_\_\_

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"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 3<sup>rd</sup> graders. 4<sup>th</sup> and 5<sup>th</sup> graders may purchase a shirt for \$10.00.