February 2020

The following people are authorized to take my child(ren) from the Burge Terrace Christian School premises. I understand that school personnel may request official identification at any time to verify their identity. Children will not be released to any person whose name does not appear below. All authorized adults must be 18 years or older. In emergency situations, I will call the school office between the hours of 9:00 am and 3:30 pm to authorize a substitute. Please provide the last four digits of your Social Security number as a PIN when you call.	
Father's PIN	Mother's PIN
Family Surname	
Child(ren)'s Name(s)	
The best number to reach	(parent/guardian) after 3:30 pm is
Please note: In case of emergency (after 4	4:00 pm), you may call Mrs. Newton at 765-425-3927.
AUTHORIZED ADULT (including parents/guardians)	RELATIONSHIP TO CHILD
PREFERRED 1	EMAIL ADDRESS
· · ·	essary for the faculty or staff to email parents/guardians nt that our parents provide an email address that will be that BTCS can utilize for regular contact.
Name: Email:	
TEXT MESSAG	GE ALERT SYSTEM
· · · · · · · · · · · · · · · · · · ·	nges or reminders (such as inclement weather closings or text message system. If you wish to be included in this ion requested below.
Parent(s)/Guardian(s) Name(please print)	
Preferred Mobile Phone Number(s)	
Parent/Guardian Signature	Date