

Highlands Baptist Church Bus/form

2032 Parallel Rd. Lexington, KY 40511

Church Number: 859-254-3060

Pastor: J.K. Pierce

Transportation / Emergency Contact Information

1. Child's Name: _____ Age: _____ # of Siblings that attend: _____

Parent's Name/s: _____

Home Address: _____ Home Phone: _____

If no home phone #, what other numbers can parents/ guardians be reached: _____

2. If different from above number, Parent : _____ Number: _____

Parent: _____ Number: _____

Emergency Contacts (3 required):

In the event I (parent/guardian) cannot be reached, the following person(s) **have agreed to** assist with my child(ren):

1. Name: _____ Number: _____

2. Name: _____ Number: _____

3. Name: _____ Number: _____

Please list complete names of all persons approved to pick your child up from church if they are not riding the bus.

Parent/Guardian Signature: _____ Date: _____

Child Information

Special Diet/ Medications or Allergies?

Please list any other important information about your child:

Comments/ Concerns or Problems: _____

Are there any restrictions as to custody? (who may or may not pick up your child, etc.)

Please list all places the bus may pick up/drop off your child on the *BUS PICK UP AND DROP OFF LOCATIONS* form:

Note: We MUST have a signed note from a parent/guardian before:

1) a child will be dropped off at an address other than the home address or 2) a child can be picked at church if he/she rode the bus to church.

If a signed note is not provided prior to the bus leaving church that day, the ONLY place the child will be dropped off is the home address.

Please list all other children in household that will be riding the bus as well. Each child **MUST** have an individual form completed in order to ride the bus.

Name	Age/ birth date	Grade

Parent/Guardian Signature: _____ Date: _____

These rules and forms are for the safety of your child(ren).