



CHILD EVANGELISM FELLOWSHIP
OF SUSQUEHANNA COUNTY, INC.

Join us for
Released Time Classes!

I Parent/Guardian) _____ give
permission for my child to attend Released Time
religious instruction classes. I understand that any pictures
taken may be used in promotional material. (No names are
used.)

Child's name _____ Age _____

Address _____

Teacher _____

Grade _____ Bus # _____

School District _____

Food Allergies: _____

Behavioral Difficulties _____

Phone # _____ Emergency # _____

Emergency Contact: _____

Church affiliation (if any): _____

Parent/Guardian Signature:
