



# BUS MINISTRY REGISTRATION FORM

Child's Name	Birth Date	SMBS Class	Circle Grade
			Pre-K K 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th
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Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, give permission for the children listed above to ride the NRHBC bus/van.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*\*\*\*\*FOR OFFICE USE ONLY (Please Do Not Fill Out Below)\*\*\*\*\***

c1-cb \_\_\_\_\_ btm \_\_\_\_\_ c2-cb \_\_\_\_\_ btm \_\_\_\_\_

c3-cb \_\_\_\_\_ btm \_\_\_\_\_ c4-cb \_\_\_\_\_ btm \_\_\_\_\_