Dear Parent or Guardian,

In order to for the Kidz Zone program to work as smoothly and efficiently as possible, we feel there is some information you should be aware of.

Transportation: Your child may be picked up at either the BES or BIS campus on Wednesday for Kidz Zone. In order to do so, you must fill out an Alternate Transportation Form (one per semester) that needs to be given to their teacher and a Registration Form that is given to Randee.

If you child will be not be riding the church van for any reason, please let the church office know, (940) 683-2780 or Randee (940) 393-5857. This gives us a heads up to the van driver.

If your child wishes to invite their friends to Kidz Zone with him/her, the child who is invited must have a registration form on the file with children's ministry. Please note that there is only room for 13 students on the church van for each campus. After the limit is reached, alternate transportation will need to be arranged.

Children **MUST BE SIGNED OUT** by an authorized person at 5:15pm every Wednesday. If the normal pick-up person is sending someone else, there needs to be a note sent with said child or please let Church Office know @ (940) 683-2780. Dinner will be served every Wednesday from 5pm-6pm and your family is invited to attend and eat with your child!

Kidz Zone follows the school calendar concerning holidays, early release and school closings!

If you have any questions, please do not hesitate to contact Randee at randeehawkins@fumcbridgeport.org or cell (940) 393-5857 or the church office at (940) 683-2780.

Kidz Zone Registration Form

(Please fill out per child)

| Child's Name | |
|--|--|
| Address | |
| City/Zip: | |
| Home/Cell Phone: | |
| Email: | |
| DOB: | |
| Grade/Teacher: | |
| Parents/Guardians: | |
| Emergency Contact: | Phone: |
| Allergies or Medical Conditions: | |
| Who may pick-up child other than parents/g | uardians: |
| | |
| Do you mind receiving a text message, if nee | ded?yesno |
| has/does not hat from school on Wedne | ave my permission to ride the FUMC Church van esdays when Kidz Zone is in session. |
| Parent/Guardian Signature | Date: |

Alternative Transportation Form For School Pick-Up

| Students Name: | | - | |
|-----------------------------------|--------|--|--------|
| Address: | | | |
| City: | State: | Zip Code: | |
| Name of Campus: | | | |
| | | | |
| Parent or Legal Guardians Name: _ | | | |
| Address (if different): | | | |
| Phone #: | Wo | rk Phone: | |
| Email: | | | |
| | | | |
| | | | |
| | | United Methodist Church of Bridgeport, to pi | ick my |
| child up from school, on Wednesda | iys. | | |
| | | | |
| Signature of Parent or Guardian: | | Date: | |

FUMC Bridgeport Photo Release Form

| I, | , give my permission for FUMC d(ren) on: | |
|---|---|--|
| FUMC Bridgeport website | | |
| FUMC Bridgeport Facebook page | | |
| FUMC Bridgeport Instagram and/or other social media | | |
| Child Name: | Child Name: | |
| Child Name: | Child Name: | |
| Parent/Guardian Name (Please Print): | | |
| Parent/Guardian Signature: | | |