

2017/2018
FRIENDS IN FAITH (K- 4th Grade)
Membership Class (5th Grade)

- ___ I can give a ride to others from my child's school.
- ___ I need a ride for my child (we will do our best to help you coordinate)
- ___ I will attend 5th gr. Membership Class. (call church office if you did not receive a letter.)

1. Child's name _____ Date of Birth ___/___/___
Grade (fall 2017) _____ Allergies & other helpful info we should
know _____

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2. Child's name _____ Date of Birth ___/___/___
Grade (fall 2017) _____ Allergies & other helpful info we should
know _____

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3. Child's name _____ Date of Birth ___/___/___
Grade (fall 2017) _____ Allergies & other helpful info we should
know _____

Name of School _____ Time of Dismissal _____

(circle one) WDM DM Urbandale Johnston Waukee Dallas Center/Grimes Ankeny Norwalk
name of your elementary school: _____

Mother's name _____ Cell # _____ Work # _____ Work hrs _____

e-mail address (print plainly please) _____

Father's name _____ Cell # _____ Work # _____ Work hrs _____

e-mail address (print plainly please) _____

home phone _____ address & city _____

I give permission for _____ to go on the
West Des Moines Christian Church Friends in Faith field trips--2017-2018 program year.

_____ Parent or Guardian signature