

Christian Learning Centers of the Upstate, Inc.
210-A Mt. Airy Church Road
Easley, S.C. 29642
Student Registration/Consent Form

Dear Parent/Guardian:

A Released Time Christian Education program is being offered to the middle schools of Anderson and Pickens Counties. All students are invited to attend with parental permission. Released Time is an inter-denominational Bible study designed to teach morals relating Biblical principals to every day life. There are currently more than 1000 Released Time classes in the U.S. teaching over 250,000 students every week. Your child now has an opportunity to participate at no cost to you. Our staff members will transport your child from the school to a local church and back. Released Time is taken as a regular elective course.

We have seen many students' lives touched, challenged and changed for the better through this program. We are limited to the number of students that can take Released Time so sign up now. If your child would like to participate please fill out the form below and return it to the address above. This exciting program is quickly gaining popularity and we anticipate a very good response. Due to a minimum number of available spaces we will be scheduling students on a first come first serve basis.

We are looking forward to this opportunity to teach your child more about the Bible. If you have any questions, please call Mack Edwards at [864]947-1853 or Brian Hale at [864]414-0005.

Student Name (Please Print)		School	
Parent/Guardian Name (Please Print)		Grade	Session/Quarter
Address	City	State,	Zip
Home Phone Number	Emergency Phone Number	Emergency Contact Person	
CONSENT			
I, _____ the parent/guardian of _____ Give my permission for the student listed above to attend the Christian Learning Centers of the Upstate Inc, Released Time class. _____ Released Time ... _____ is designed for students who wish to augment their education with religious and moral instruction. As the parent/guardian, I also understand that this class is not designed to conflict with or replace required credit classes.			
_____ (Signature of Parent/Guardian)			Date ____/____/____