



# Calvary Episcopal Church Vacation Bible School 2016 Registration Form

Child's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade just completed: \_\_\_\_\_

Does your child attend Calvary? \_\_\_\_\_ If not, does s/he attend elsewhere? \_\_\_\_\_

Does your child have any medical issues or allergies? \_\_\_\_\_

Any other information you would like to share about your child? \_\_\_\_\_

Parent/Guardian names: \_\_\_\_\_

Family address: \_\_\_\_\_ zip: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Emails: \_\_\_\_\_

Emergency contact (name & phone #): \_\_\_\_\_

In a medical emergency, if we cannot locate you or the emergency contact, may we have permission to treat your child? \_\_\_\_\_

Who may pick up your child from Vacation Bible School? \_\_\_\_\_

Would you be interested in helping with Vacation Bible School? \_\_\_\_\_

If so, what evenings would you be available (*please circle*):

Monday, July 25    Tuesday, July 26    Wednesday, July 27    Thursday, July 28    Friday, July 29

Vacation Bible School will have a celebration on Sunday, July 31<sup>st</sup> at the 10:30 am worship service.

Will your child be able to attend? \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Registration fee of \$15 paid: \_\_\_\_\_ (date paid)

Additional donation to support Vacation Bible School program (optional): \$ \_\_\_\_\_