



2017 CALVARY VBS REGISTRATION FORM

REGISTRATION FEE FOR 2017: \$5.00 PER CHILD REGISTERING.

PLEASE SUBMIT ONE FORM PER CHILD. FORMS MAY BE MAILED OR DROPPED OFF AT THE CHURCH OFFICE.

Child's Name _____	Child's Age _____	
Grade most recently completed _____	School Name _____ Birthdate ____/____/____	
Parent/Guardian Name(s) _____		
Home Phone _____	Cell Phone _____ Work Phone _____	
E-mail Address _____		
Mailing Address _____		
City _____	State ____ Zip _____	
Emergency Contacts / Individuals Authorized to pick up child from VBS		
Name _____	Relationship _____	Contact Number _____
_____	_____	_____
_____	_____	_____
Food Allergies Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please list: _____	
Medical Concerns Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain: _____	
Family Doctor: _____ Phone: _____		
Church Affiliation _____ Church Membership at _____		
I would like my child paired with the following child(ren) if possible:		
Name _____	Age _____	Grade _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ CAREFULLY

- I give permission for my child to participate in Calvary's 2017 VBS Maker Fun Factory!
- I give permission for still or video pictures of my child to be taken and used for church promotional purposes.
- I give permission for photos of my child to be placed on Calvary UMC websites and Social Media pages in a VBS or church context.

 Parent/Guardian Signature Parent/Guardian Name (please print) Date

