

Vacation Bible School at Calvary Baptist Church
July 29 - August 2nd, 9 a.m. to noon

Child's name

Grade completed _____

Birthday _____ Age _____

Parents' names

Home address

Home/Cell phone _____

Alternate phone _____

Emergency contact person _____

Relationship to student _____

Food allergies Y N (List:)

Medical concerns

Y N (Explain:) _____

Family doctor _____

Doctor's phone _____

Siblings attending VBS (names and ages)

Church affiliation _____

Church membership at _____

People who may pick up the child

VBS leaders have permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program.

Parent's signature
