

**Vacation Bible School - Calvary Baptist Church**

Child's name

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Grade completed \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_

Parents' names

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Home address

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Home/Cell phone \_\_\_\_\_

Alternate phone \_\_\_\_\_

Emergency contact person \_\_\_\_\_

Relationship to student \_\_\_\_\_

Food allergies Y      N

(List:)

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Medical concerns Y      N

(Explain:) \_\_\_\_\_

Family doctor \_\_\_\_\_

Doctor's phone \_\_\_\_\_

Siblings attending VBS (names and ages)

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T-shirt Size (Kids and Youth sizes) \_\_\_\_\_

Church affiliation \_\_\_\_\_

Church membership at \_\_\_\_\_

People who may pick up the child

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Can your child be photographed? Y.      N

Parent's signature

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