



## Calvary Baptist Church of Denver

(6500 E Girard Ave, Denver, CO 80224)

Parents Afternoon Out

December 10

10:00 a.m. – 2:00 p.m.

Cost: \$15 per family

## Registration Form

Please fill out one form per child. Parents Afternoon Out is offered for children ages 3-11.

Children's Ministry Coordinator: Angela Leonard [aleonard@calvarydenver.org](mailto:aleonard@calvarydenver.org) 303-829-6331

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*(please print)*

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Information**

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Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Hospital: \_\_\_\_\_

Allergies, Special Needs or Medical Concerns: \_\_\_\_\_

\_\_\_\_\_

\*No medications are administered by Parents Afternoon Out volunteers\*

**Siblings Attending VBS**

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Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Dismissal**

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Who may pick up your child?

\*Must Show Drivers License for Pickup\*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**Photo Release Form**

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I authorize the posting of photographs of my child in the Friday newsletter, on calvarydenver.org, or Calvary's social media platforms: Facebook/ Instagram. **My Child's Name will NOT be published anywhere.**

\_\_\_\_\_ I Grant Permission                      \_\_\_\_\_ I do **not** grant permission

Parents Signature: \_\_\_\_\_

Parents Name: \_\_\_\_\_

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

Please print and bring form to church with you, or return through email to :  
[aleonard@calvarydenver.org](mailto:aleonard@calvarydenver.org)