



Calvary Presbyterian Church VBS Registration Form August 1 – 5, 2022

Child/Sibling Attending:

Name: _____ Age: _____

Sibling's Name: _____ Age: _____

Parent/Guardian Name(s):

Names: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

Information:

List Allergies/Health Problems: _____

Snacks OK? Yes No Pictures/Video OK? Yes No

Church Website/YouTube OK? Yes No

Persons Authorized to pick up my child and/or emergency contact:

Name: _____ Relationship _____ Phone: _____

Email: _____

I give permission for teachers/church to obtain medical treatment for my child (children) named above if I cannot be reached.

Name: _____ Date: _____