

VBS REGISTRATION FORM - CALVARY PRESBYTERIAN CHURCH

300 Fourth St., Riverton, NJ 08077 - 856-829-0783 - churchoffice@calvaryriverton.org

Registration for Monday through Friday, July 31 to August 4, 9 am to 11 am

Register up to 3 children, ages 5 through 11

Suggested donation is \$5 per child for the whole week, to help offset the cost of materials and (nut-free) snacks. Return form no later than July 24, 2017.

Parent/Guardian Names

_____ Cell # _____

_____ Cell # _____

Preferred Email Address: _____

Home Address: _____

Emergency Contact

Cell # _____

Will anyone other than a parent/guardian be picking up your child(ren)? If so, provide name and contact information:

Child #1 Name, Age, Grade, Birthdate

Name _____

Age _____ Grade (in the fall) _____

Birthdate _____

Child #2 Name, Age, Grade, Birthdate

Name _____

Age _____ Grade (in the fall) _____

Birthdate _____

May we photograph your child(ren)?

YES _____ NO _____

Child #3 Name, Age, Grade, Birthdate

Name _____

Age _____ Grade (in the fall) _____

Birthdate _____

Name of church you attend, if applicable

Allergies/Medical Information for each child

PLEASE SIGN YOUR CHILD(REN) IN EACH MORNING INSIDE THE BUILDING

