

Calvary Church VBS Registration

Family Information

Last Name: _____ Address: _____
Home Phone: _____ Email: _____

Child[ren]'s Information

Name: _____ Age: _____ Grade in Fall: _____
Name: _____ Age: _____ Grade in Fall: _____
Name: _____ Age: _____ Grade in Fall: _____

_____ Check here for Extended Day Option (age 5 and up)
Please include fee of \$30 per child (\$100 family cap) payable to Calvary Church to reserve an extended day spot. The fee is not refundable if you cancel after August 1st.

Allergies, chronic health conditions, and/or limitations:

Is there anything special you'd like us to know about your child[ren]?

Parent/Guardian Information

Name: _____ Mobile/work phone: _____
Name: _____ Mobile/work phone: _____

Emergency Contact Information (if parents/guardians cannot be reached)

Name: _____ Phone: _____
Name: _____ Phone: _____

Pickup Information

People other than those listed above who may drop off or pick up the child[ren]:

Permission for Walks

I give permission for my child[ren] to go on supervised walks around the neighborhood.

Signature of parent/guardian

Date

Please email to office@calvaryarlington.org
or mail to Calvary Church, 300 Massachusetts Avenue, Arlington MA 02474