



God's Big Backyard Vacation Bible School

Registration Form 2008

Calvary Church, 1320 Arapahoe St.,
Golden, CO 80401

Registration Deadline: June 8th

June 16th-June 20th from 9am-12pm in the Great hall

Ages 4 years – 6th grade

Materials Fee - \$25 per child/Maximum \$50 per family
(Scholarships are available)

Child's Name _____ Grade entering in Fall _____

Address _____ Birth Date _____

Street _____ City _____ Zip Code _____

Home Phone # _____ Family Email: _____

Mother's Name _____ Morning # _____ Cellphone# _____

Father's Name _____ Morning # _____ Cellphone# _____

Emergency Contact Name _____ Number _____

Physician Name _____ Number _____

Food Allergies _____

Medical Conditions _____

**Parents, please sign the medical form on the back of this page.*

Person who will be bringing child _____

Anything that might help the teacher know your child better _____

Child's T-Shirt Size : **Child:** S ___ M ___ L ___ XL ___ **Adult:** S ___ M ___ L ___ XL ___

I am able to help with the following positions and days (only adults and/or youth 7th grade and up, please):

- | | | |
|--|--|--|
| <input type="checkbox"/> Group Guide | <input type="checkbox"/> First day registration | <input type="checkbox"/> Decorations Sun. before VBS |
| <input type="checkbox"/> Activity Leader | <input type="checkbox"/> Nursery (for volunteers kids) | <input type="checkbox"/> Help with Ice Cream Social Fri. evening |
| <input type="checkbox"/> Snack Maker | <input type="checkbox"/> Iron on T-shirt decals before VBS | <input type="checkbox"/> Picture Taker (Digital) |

Mon. Tues. Wed. Thurs. Fri.

(Call Sarah Ferdig, 303-697-7879 for job descriptions)

* Calvary Church has my permission to use pictures of my child in a keepsake VBS picture CD. I understand they will not be used for any other purpose. _____

Parent Signature

* Calvary Church has my permission to use pictures of my child in church related publications, such as the newsletter, church directory and website. _____

Parent Signature

AUTHORIZATION FOR TREATMENT OF MINOR

I, _____ being the (Parent/Guardian)

of _____ give my consent to Calvary Episcopal Church to call a licensed Colorado physician for emergency medical and/or surgical treatment of this minor in a licensed hospital should his/her condition so require it in my absence. I understand that in such a case reasonable attempts would first be made to contact me, time and conditions permitting. As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I will be responsible for any expense incurred on behalf of this child. I also agree to not hold Calvary Episcopal Church liable for any accident that occurs to my child while in their care.

Signature of Parent/Guardian

DATE: _____

Parent's cell phone and/or page numbers* _____

**to be used ONLY in case of emergency*