



## Vacation Bible School Registration

Calvary Lutheran Church, 16151 Old Frederick Rd., Mt. Airy, MD 21771

**July 22 - 26**

**9:00 AM – 12 NOON**

Ages 3 years through 5<sup>th</sup> grade

Kim Smithson – Registration (410) 489-5280 – administrator@calvarylutheranmd.net

ON-LINE REGISTRATION AVAILABLE at [www.CalvaryLutheranMD.net](http://www.CalvaryLutheranMD.net)

If preferred, completed paper registration forms should be turned into the church office.

Child's Name(s)	Age	Gender	Grade Entering in Fall 2018

*Note: If your child would like to be placed in the same group as another child, please indicate on the back of this form.*

Parent/Guardian Names: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Other authorized adults who may pick up your child/children:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1) Does your child have any environmental/food allergies? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list with any special instructions (we will ask you to complete The Emergency Care Plan for Food Allergies – see attached):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Does your child have any other Special Accommodation Needs? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please list with any special instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



If YES to either, please contact our Food Allergy Coordinator:  
Chris Bloch - 301-829-4177 or abc5686@comcast.net  
We are committed to providing a safe environment for ALL children!

## **VOLUNTEER OPPORTUNITIES!**

Would you please help out during the week?

We will need help assistance with reception, arts & crafts, sport activities, teaching, supporting helpers in the classrooms, distribution of snack each morning, and Friday clean-up.

Please let Kim know how you can help even if just for a few hours during the week.



~OR~ register as a volunteer at [www.CalvaryLutheranMD.net](http://www.CalvaryLutheranMD.net)

Please return this form no later than July 9<sup>th</sup>  
so that we may order supplies.

**Authorization for Treatment of a Minor:**

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

In event of illness or accident, if the parent or guardian cannot be reached, I authorize the church, or its agents, to consent to any diagnosis, examination, treatment or hospital care for my child which is deemed advisable by and is rendered under the supervision of a physician. I release the church and its agents from responsibility in the case of an accident or illness in connection with any authorized church activities.

In case of medical emergency, the Vacation Bible School Program personnel are authorized to take my child to the hospital for emergency care.

\_\_\_\_\_  
Signature of Parent or Guardian Date

**Media Authorization:**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ give

permission for my child(ren) to be photographed, videotaped, and/or interviewed by representatives from Calvary Lutheran Church for the purpose of publicizing ministries or special events, including posting on websites affiliated with Calvary Lutheran Church. I authorize the use and reproduction by Calvary Lutheran Church or anyone authorized by Calvary Lutheran Church of any and all photographs, video, or sound recordings taken of my child(ren) without compensation to me/my child. All of these photographs, videos, or sound recordings shall be the property of Calvary Lutheran Church. Use of photographs, videos, or sound recordings may continue until a written request to cease future use by parent/guardian and provided to Calvary Lutheran Church.

\_\_\_\_\_  
Signature of Parent or Guardian Date