

Vacation Bible School Registration

Calvary Bible Church, P.O. Box 1676, Hailey, ID 83333

Child's Name _____ Boy / Girl _____ Birthday _____ Grade in fall _____ Age _____

Child's Name _____ Boy / Girl _____ Birthday _____ Grade in fall _____ Age _____

Child's Name _____ Boy / Girl _____ Birthday _____ Grade in fall _____ Age _____

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If your children have any medical, physical, or dietary restrictions, please give details on back of this form.

Parent's names _____

Primary Phone _____ Alt Phone _____

Street Address _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

In the event that I cannot be reached, Calvary Bible Church has my permission to authorize medical treatment for the above mentioned children in the case of a medical emergency.

Signed _____ Date _____

Tuition donation: \$15 per child, up to \$40 total per family.

Scholarship requested? YES? NO?

Invite Your Friends!!