



301 County Road 19, Excelsior, MN 55331
952-474-8893, www.mountcalvary.org

**Registration
deadline is
June 9**

V.B.S. Daycamp Registration – 2017

Day Camp is **June 19-22** from 9:00-2:00 pm
For children entering Grades 1-5 in the fall

Join us for 4 Fun Filled days of Hero Central VBS as we learn about the Strength of God! Hero Central VBS is filled with incredible Bible story experiences, lively worship & campfire times, and special activities - not to mention Arts & Crafts and Outdoor Recreation.
“Do good! Seek peace and go after it! Psalm 34:14b

Child information:

Child's First Name	Child's Last Name	Gender	Gr. in Fall 2017:	*Tshirt Size (youth):
		M F		XS S M L XL
		M F		XS S M L XL
		M F		XS S M L XL
		M F		XS S M L XL

*Registration must be received by May 24 to guarantee correct tshirt sizing.

*My child has special needs. Special needs could include special diets, allergies, medications, restrictions of activities, disabilities etc. We will contact you for more information. Name of child _____.

Parent/Guardian Contact Information:

	Please list information for both, if applicable
Names (First, Last)	
Address	
City, Zip	
Cell phone(s)	
Use this email to receive day camp communication (please print clearly)	

Let us know how you can help! You will be contacted with more details at a later date.

___ I can help with Daily check-in (8:45-9:15 am) one day
These are the days I'm available: ___ Mon ___ Tues ___ Wed ___ Thurs

Registration Fee: \$80 per child # children _____ x \$80 = \$ _____

Make checks payable to Mount Calvary and indicate Daycamp VBS Registration in the memo line.
If confidential financial assistance is needed, contact Brenda Lund or Andrea Fieldhouse-Griner at 952-474-8893.

For Office Use Only:			
Date received:	Cash amount:	Check Amount:	Check #:



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Health Information and Authorization Form

Child(ren) information: (1 form/family to cover all children attending MC-VBS)

Name of Child 1: _____ Birthdate: _____ Gender (M/F) _____

Name of Child 2: _____ Birthdate: _____ Gender (M/F) _____

Name of Child 3: _____ Birthdate: _____ Gender (M/F) _____

Parent/Guardian:

Name: _____

Address: _____

City: _____ Zip: _____

Cell phone 1 #: _____ Cell phone 2 #: _____

Emergency Contact:

If a parent cannot be reached for an emergency, please contact:

Name _____ Phone No. _____

Relationship to child(ren): _____

Insurance and other medical info:

Insurance Co.: _____ Policy #: _____

Physician's Name: _____ Phone No. _____

Dentist's Name: _____ Phone No. _____

Please list any special diets, allergies, medications or restrictions of activities we need to be aware of here.
Include child's name with description:

Parent or guardian must sign:

As a parent/guardian, I give my permission for my child(ren) to participate in church events and authorize any medical treatment that may be necessary under the circumstances that I cannot be reached. I release Mount Calvary Lutheran Church of any liability.

I understand my child's participation in MC Summer Camps may include his/her picture being taken and used in the printed newsletter and on the church website, without names of children listed. If I prefer to not have my children included, I will talk with my child about stepping out of picture opportunities and share this information with the Camp Director.

Parent/guardian signature: _____ Date _____