



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

**Registration  
deadline is  
June 9**

## VBS-Preschool Registration – 2017

VBS-Preschool is June 19-June 22 from 9:00-11:30 a.m. for children age 3 (potty trained) through those entering Kindergarten (Fall 2017)

### Child information:

Child's First Name	Child's Last Name	Gender	Birthdate	Age;	*Tshirt Size (youth):
		M   F	/   /		X-Small   Small
		M   F	/   /		X-Small   Small
		M   F	/   /		X-Small   Small

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

**Important:** If you need Extended Care hours beyond 9-11:30 a.m., Mount Calvary Preschool is open 7:00 a.m. – 6:00 p.m. Preschool programming will be the same as VBS-Preschool. You will need to register with Mount Calvary Preschool for this option.

### 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 important VBS communication (please print clearly)	

**Additional Information:** Please check any of the following that apply. (We will contact you)

My child has special needs (special diets, allergies, medications, restrictions of activities etc). Please contact me for more information. My child's name is \_\_\_\_\_

I have information to share about my child that would be helpful for my child's teacher to know. Please contact me for more details. My child's name is \_\_\_\_\_

**Registration Fee: \$65 per child (# children \_\_\_\_\_ x \$65) = \$ \_\_\_\_\_**

Make checks payable to Mount Calvary and indicate VBS-Preschool Registration in the memo line.  
If confidential financial assistance is needed, contact Pastor Dave Olson or Brenda Lund 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 \_\_\_\_\_