



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

**Registration  
deadline is  
June 8**

## VBS-Preschool Registration – 2018

VBS-Preschool is June 18-June 21 from 9:00-11:30 a.m. for children age 3 (potty trained) through those entering Kindergarten (Fall 2018)

### 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 23 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 \_\_\_\_\_