

**CALVARY BAPTIST CHURCH
SUMMER YOUTH PROGRAM
REGISTRATION FORM**

(please print all information)

Child's Name _____

Address _____

Town _____ State _____ Zip _____

Male _____ Female _____ Age _____ Date Of Birth _____

Phone Number (home) _____ What Grade Are You Going To ? _____

Name Of Your School _____

Parent's Name _____ Phone Number (work) _____

Parent's Name _____ Phone Number (work) _____

In Case Of An Emergency Please Notify:

Name _____ Phone Number (home) _____

Phone Number (work) _____

Please List If It Applies To Your Child

Chronic Illness _____

Disabilities _____

Allergies _____

Medication _____

Food Restrictions _____

Other _____

**I Give My Child Permission To Fully Participate In All Of The Program Activities
Including Field Trips.**

Parent's Signature _____ Date _____