



Calvary Chapel Santee  
**2021 Vacation Bible School**  
Monday, July 19<sup>th</sup> – Friday, July 23<sup>rd</sup>  
6:30-8:30 p.m. *check in starts at 6:20pm*

**4 yrs. – 6<sup>th</sup> grade invited!** *Must be 4yrs. within a month or 2 of start date*

**Registration/Permission Form: One Per Family**

Complete / return before **or** day of VBS to grant your child(ren) permission to participate ☺  
(Please Print Clearly)

1 Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade in Aug \_\_\_\_\_  
day/month/yr

2 Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade in Aug \_\_\_\_\_  
day/month/yr

3 Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade in Aug \_\_\_\_\_  
day/month/yr

4 Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade in Aug \_\_\_\_\_  
day/month/yr

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Parent / Family Email \_\_\_\_\_

**In case of an emergency, we will contact parents first.**  
**In case we cannot reach a parent, please list two others we may contact if needed.**

Emergency Contact Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ relationship \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ relationship \_\_\_\_\_

**LIST food allergies, medical conditions, special needs, or information important to your child's care and safety:**

1<sup>st</sup> Name \_\_\_\_\_ Note \_\_\_\_\_

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1<sup>st</sup> Name \_\_\_\_\_ Note \_\_\_\_\_

I **grant** ☐ / **do not grant** ☐ permission for Calvary Chapel Santee to use pictures of my child on their website for informational or promotional purposes.  
~ **please** ✓ **one** ~

Parent/Legal Guardian (Signature) \_\_\_\_\_

Parent/Legal Guardian (Print Name) \_\_\_\_\_ Date \_\_\_\_\_