



Calvary Chapel of the Finger Lakes 1777 Rochester Road Farmington, NY 14425



Student Name: _____

Age: _____

Date of Birthdate: _____

Parent / Guardian - Name _____

Address _____

Phone: _____ E-mail: _____

Who has permission to pick up this child: _____

Medical conditions or special concerns: _____

Emergency Contact Name & Phone: _____

PLEASE RETURN TO CALVARY CHAPEL OF THE FINGER LAKES BY JULY 5TH