



ST. JOHN'S UCC VBS 2017 REGISTRATION

JULY 23RD-26TH, 2017 6:00-8:15 P.M.

\$15/CHILD OR \$40 FOR A FAMILY OF 3 OR MORE CHILDREN

Child's Name: _____ Child's Gender: _____

Child's Age: _____ Date of Birth: _____ Grade Entering in Fall: _____

Name(s) of Parents: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Home Telephone: (_____) _____ - _____

Parent/Caregiver's Cell Phone: (_____) _____ - _____

Home Email Address: _____

Home Church: _____

MEDICAL INFORMATION

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: (_____) _____ - _____

Relationship to Child: _____

Emergency Treatment Authorization:

I give permission to dial 911 first with an immediate call to the following numbers

First Choice: _____ Second Choice: _____

In consideration of the benefits to be derived, and in view of the fact that St. John's UCC is a non-profit religious institution, and having full confidence that every reasonable precaution will be taken to insure the safety and well-being of my child, I hereby agree to his/her participation in Vacation Bible School, sponsored by St. John's during 2017 and waive all claims against the leaders, St. John's UCC, its officers, and pastoral staff.

In my absence I give Michelle Stiglic, Jaymie Andresen, Pastor Tim Rhodes or any other Vacation Bible School leader my consent to authorize treatment for my child. If a situation were to occur in which the child listed above needs immediate medical attention, and I am unavailable to give consent, this signed statement will serve as an authorization for the hospital and its medical staff to proceed with whatever medical care is in the child's best interest until such time as I can be reached. I understand that the hospital will make every effort to contact me before initiating treatment.

Parent/Guardian Signature: _____ Date: _____

Photo Consent

I understand that pictures will be taken during Vacation Bible School, and I give consent to St. John's to use these pictures for church publications, both electronically and in print.

Parent/Guardian Signature: _____ Date: _____

Please mail or drop off the completed form and payment to:

St. John's UCC
11100 Second St.
Mokena, IL 60448

(Please make checks payable to St. John's UCC)