



# GOD IS EVERYWHERE!

## FAMILY VACATION BIBLE SCHOOL

*God is still speaking,*  
**UNITED CHURCH  
OF CHRIST**



Website: [www.algonquinucc.org](http://www.algonquinucc.org)

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**June 24-26, 2014, 6pm - 8pm**

Please fill out 1 form per family

**Registration Form**

**(Registration deadline is June 9th)**

Parent/Guardian Name: \_\_\_\_\_

Child #1 Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M F

School grade this Fall: \_\_\_\_\_ Any special needs/concerns/allergies: \_\_\_\_\_

Child #2 Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M F

School grade this Fall: \_\_\_\_\_ Any special needs/concerns/allergies: \_\_\_\_\_

Child #3 Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M F

School grade this Fall: \_\_\_\_\_ Any special needs/concerns/allergies: \_\_\_\_\_

*If you have more than three children to register, please attach another form.*

Address and Town: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home faith community (if any): \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

If your child must come alone, which adult is authorized to "partner-up" in a group with your child?

Name of authorized adult: \_\_\_\_\_ or do we have your permission to assign one of our adults? Yes or No

If you are a single or family, may we assign a extra child who needs a family group? Yes or No

Children and adults will be preassigned to groups. Is there anyone you would like to be assigned with. All attempts will be made to honor your request: \_\_\_\_\_

Please list name above of person(s) you want to be in same group with

Student(s) Name \_\_\_\_\_  
\_\_\_\_\_ have/has the permission of the undersigned to participate in this activity sponsored by the Congregational Church of Algonquin. I hereby release the Congregational Church of Algonquin from any damages which may result due to accident or injury.

I do consent to any medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child(s). Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child(s). I further understand that the doctors, dentists and other providers attending to my child will take all reasonable safety precautions during their care.

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: (If you are going to be with your child at Bible Bonanza it is not necessary to fill this out)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Phone Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Home: \_\_\_\_\_ Phone Cell: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Name: \_\_\_\_\_ Customer Service #: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

If you need further room to explain special conditions, please list below: Allergies/Medical Information/Other: (Example: foods, latex gloves, plants, etc)

Child's Name: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Current Medications: \_\_\_\_\_ (form psmr 09/09)

Last Tetanus: \_\_\_\_\_

**The fee for VBS is \$5.00 per participant, but not to exceed \$10.00 per family.**

**Please make check payable to CCA or attach cash to the form when you turn it in.**

**Please check below if we may use photographs:**

**The Congregational Church of Algonquin has permission to use photographs of all participants in "God is Everywhere!" VBS.**