

# Vacation Bible School

## Planet

## Kids



## Becoming Earth Heroes

# Wednesday's

# July 20<sup>th</sup>, 27<sup>th</sup>

# August 3<sup>rd</sup>

# From 6:30-8:30 PM

## Registration Form

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

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

School grade this fall: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ M F

*If you have more than one child to register, please attach additional forms.*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

Children will be preassigned to groups. Is there anyone whom needs to be assigned together or with a certain group? All attempts will be made to honor your request: \_\_\_\_\_

## Registration Fees

- First Child of Church Member \$20
- First Child of Non-Church Member \$35
- Additional Child of Church Member \$10
- Add. Child of Non-Church Member \$25
- Child's Earth Hero Cape \$5
- Late Fee (if after due date) \$5

Please include payment when returning registration form, checks made payable to CCA.

## Registration is Due By June 30<sup>th</sup>

\*If you are unable to afford paying for the VBS Program, we will be offering a Sponsorship Program to the community to help cover the cost for Parents/Guardians. Please write a letter to the church regarding your situation and why you need assistance, and we will be happy to work with you.

For office use only

Registration Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Check #/Cash: \_\_\_\_\_ OR Sponsored: \_\_\_\_\_

# Vacation Bible School Emergency Consent Form

If you are unavailable, an Emergency Consent Form allows you to provide consent for your child's emergency care.

Emergency Contact: (If you will be participating or staying in the building you do not need to fill out this section)

1: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2: Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

*Emergency Contacts will also be allowed to pick up the child from VBS (Please make sure to let us know in advance)*

In the event of an emergency is there a certain physician or hospital we should contact:

\_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Member No: \_\_\_\_\_

Group No: \_\_\_\_\_ Policy Holder Name & DOB: \_\_\_\_\_

Allergies	Medications

Please use this space to note any additional issues/concerns/conditions/:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_, a minor child, hereby authorize any medical treatment which may be necessary in an emergency, and in my absence, for the wellbeing of the above mentioned minor. I agree to hold the Congregational Church of Algonquin and all VBS Volunteers, treating the above mentioned minor, harmless while they are waiting professional medical attention in my absence.

\*As the Parent/Guardian of the named child, do hereby give permission for him/her to participate in any of the activities conducted by VBS and the Congregational Church of Algonquin.

\*VBS leaders have permission to photograph/film the minor designated above in any manner or form for any lawful purpose associated with this VBS program. Photos will be used for Facebook VBS Group & Future Church Events.

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By signing you agree to the following terms listed above and pricing on front page.**

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

