

St. Paul United Church of Christ

VBS REGISTRATION

1. **Fill out registration form and liability releases.** We want to provide your child with a wonderful VBS experience. We need to know of any special needs so that we can provide adequate staffing.
2. **Return this form** to church office, 401 East Main Street, Barrington 60010, with registration fee: \$35/child, \$65/family. **Make checks payable to St. Paul UCC.**

VBS REGISTRATION

Family Last Name: _____

Parent(s) Name(s): _____

Street Address: _____ City _____ Zip: _____

Home Phone: _____ Alt. Phone: _____

Email address: _____ Parent's church: _____

Child(ren)'s Names(s), Birthdate(s), Grade(s) Entering in this coming Fall

Name: _____ Birthdate _____ Grade in Fall _____

Name: _____ Birthdate _____ Grade in Fall _____

Name: _____ Birthdate _____ Grade in Fall _____

EMERGENCY INFORMATION

In an emergency, contact: _____

Relationship: _____ Phone: _____

****Permission for Alternate Adults to pick up your child(ren) must be noted in writing on the daily check-in sheet.****

MEDICAL INFORMATION

Allergies/Special Needs: *(please list and note treatment, if any)* _____

List any medications taken by child: _____

Name of Insurance Company _____

LIABILITY RELEASES

I hereby give my permission for _____

to participate in the Vacation Bible School program held on-site at St. Paul United Church of Church. I further agree to release, indemnify and hold St. Paul UCC, their officers, board members, employees, volunteers or other representatives in any capacity harmless from or for any claims, causes of action, liabilities or damages that arise as a result of or in connection with my child's participation in the program. I understand that I will be notified as soon as possible in the case of any emergency that may arise with my child. Further, I give my permission for St. Paul UCC staff or leaders of the Vacation Bible School to obtain emergency medical treatment in my absence. _____ YES _____ NO

I hereby give my permission for St. Paul UCC VBS staff to take pictures of my child and share them without publication of names. _____ YES _____ NO

Parent/Legal Guardian Signature: _____

Print Name _____

Date: _____