

# 2018 Vacation Bible School Registration 4 years old through 5th grade

June 18-21, 9-11:30am & Thurs. Night June 21, 5-7pm

The Congregational United Church of Christ, St. Charles

## Rolling River Rampage: Experience the Ride of a Lifetime with God

Name \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Grade Entering \_\_\_\_\_ Circle One: Church Member or Friend \_\_\_\_\_

Parent(s) Guardian \_\_\_\_\_ Email \_\_\_\_\_

Are you available to help? Yes \_\_\_\_\_ No \_\_\_\_\_ Nursery available for children of volunteers—check if needed \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home phone \_\_\_\_\_

Allergies or other conditions which may limit activity \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_

**One form per child \$25 ATTACHED or \$30 registration at the door \$ \_\_\_\_\_**

Check if you need a scholarship for registration. \_\_\_\_\_

T-shirt size: Youth XS S M L Adult: XS S M L XL

Make one check payable to: CUCC, 40W451 Fox Mill Blvd. St. Charles IL 60175. **Mark VBS on Memo Line of Check.**  
Questions? Call Kim Arneson—St. Charles church office (630)584-0929 \*Please fill out the reverse side of this form.

(Office—Credit Account # 3112 Cash \_\_\_\_\_ Check Number \_\_\_\_\_ Initial \_\_\_\_\_)

### PERMIT FORM

During the time my/our child, attends the Congregational United Church of Christ in St. Charles, Vacation Bible School, I/we give permission for (please list all children's names attending VBS):

### PHOTO PERMIT

Photograph use for media output in the form of public purposes, social media and CUCC website

\_\_\_\_\_ yes OR \_\_\_\_\_ no

### FIRST AID-PERMIT

Volunteers or staff members to administer first-aid to my child in accordance with their training.

\_\_\_\_\_ yes OR \_\_\_\_\_ no

We understand that this Vacation Bible School program is run by a non-for-profit institution which is voluntarily running this program for my child and other participants. Children will be participating in activities that could involve contact with other children, ground or equipment, and could result in injury to my child.

If there is a pre existing condition that could result in further danger/injury please state this on the line:

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date