

SERVICE SQUAD – God's Love In Action



2016 VACATION BIBLE SCHOOL REGISTRATION

Location: St. Peter's Church · 125 W. Church Street · Elmhurst, Illinois

June 6 & 7 8:00am-Noon

Registration for kids entering 6th through entering 8th grade fall of 2016.

Last Name _____ First Name _____ M or F

Birthdate _____ Age _____ Grade entering fall 2016 _____

Home phone _____ Cell Phone(s) _____

Email Address _____ Parent/Guardian Name _____

Address _____

Home Church: _____ Bethel _____ First Congregational _____ First United Methodist _____ St. Peter's
Other _____

I am able to help by providing transportation /chaperoning on the following days from 8:00-12:00

____ Monday, Feed My Starving Children _____ Tuesday, Northern Illinois Food Bank

EMERGENCY CONTACT:

(must be available by phone Monday-Tuesday, 8:00-Noon)

Name _____ Relationship _____

Phone Numbers _____

Health Concerns/Special Needs: please indicate allergies, medications and other conditions affecting activity level.

PLEASE NOTE: We cannot administer medications, use other side if needed.

I hereby give permission to the Adult Leaders participating in this activity to render First Aid, seek medical care, and present my child to a hospital, emergency room, medical clinic or doctor's office for medical or dental care. I understand that consent for medical treatment is provided by law which requires parental/guardian consent unless in the sole option of the physician, dentist or hospital, obtaining such consent is not reasonably feasible and the resultant delay in treatment would adversely affect the condition of my child's health. In any event, every reasonable effort will be made by the Adult Leaders present to notify the participant's Parent/Guardian as soon as possible following any incident requiring medical care other than First Aid. In the event Parent/Guardian is unavailable such reasonable efforts will be extended to include the Alternate or Family Physician named below. I hereby assume all responsibility for any costs arising out of such treatment.

I give / do not give permission for any photographs of my child to be used for publicity purposes. *(Circle one)*

I give / do not give permission for my child to sit in the front seat in a private vehicle. *(Circle one)*

Legal guardian or custodial parent signature _____ Date _____

Registration Deadline May 15 - \$20.00 per child * a portion will be donated to NIFB and FMSC

Please mail registration form, Northern Illinois Food Bank Waive, and payment to:

(Make checks payable to: St Peter's Church, VBS on memo line.)

Amanda McEvilly- VBS Registrar

St. Peter's Church

125 W. Church Street

Elmhurst, IL 60126

A cooperative ministry of Bethel UCC, First Congregational UCC, First United Methodist Church, & St. Peter's UCC.