

Church of Christ, Congregational
Vacation Bible School 2010

Registration Form

July 26th – 30th

9:00am to 12:00pm Preschool - Gr. 8

* 7/8 graders have an hour class and volunteer as helpers

*Pre-school available for children that are toilet trained



Child's name: _____

Parent/Guardian: _____

Address: _____

Contact information

Home phone: _____ Cell phone: _____

Work phone: _____ E-mail: _____

Age information

Age: _____ Date of birth: _____ Grade entering in the fall: _____

T-Shirt Size (please circle):

XS 2--4 S 6--8 M 10--12 L 14--16 XL 16--18 Adult S M L XL XXL

I would like to help in the following areas (please circle):

Story teller (grade level leader) Games Music Decorating Arts & Crafts

Registration table (Mon., 8:00--9:00 A. M.) Supply donations As needed

My availability is: _____

All help is greatly appreciated--thank you! We'll be in touch regarding further details.

Registration fees:

- \$35.00 for one child
- \$50.00 for two children
- Family maximum: \$65.00

We welcome additional donations beyond the registration fee in support of the program. Some fees may go to support other Christian Education ministries. Checks should be made payable to "Church of Christ"; please note "V. B. S." in the memo area. Scholarships are available. Please speak with one of the VBS Directors or our Pastors.

Name of home church, if any: _____

Please complete the reverse side--P. 1 of 2

Dismissal Information

Name(s) of person(s) who may pick up this child from V. B. S. :

Emergency Information

Child's name: _____

2 emergency contacts who are able to pick up this child during V. B. S. hours in case of illness or injury:

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

Allergies, medical conditions, special needs or concerns: _____

In the event of a medical emergency, if a parent or guardian is unable to be reached, I give permission for the V. B. S. staff to seek medical attention for my child, _____, and for him/her to be taken to the nearest medical facility. I agree to be responsible for the expenses incurred.

Parent/guardian signature: _____ Date: _____

Photo/Video Permission

I grant to the Church of Christ, Congregational, of Millis, MA, the right to photograph my child and to use the photographs, which may include but not be limited to still or digital pictures or video, in order to promote the Church of Christ's children's and youth ministries. I understand and agree that these images may be used for promotional purposes in various forms, including but not necessarily limited to printed pictures on church bulletin boards and in church newsletters, transmission via internet on the church's web site or otherwise. The permission herein granted shall continue in effect until revoked in writing.

Parent/guardian signature: _____ Date: _____

Liability Release

In consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting me or my child to participate in the Church of Christ, Congregational, V. B. S. program, I do for myself and my heirs, executors, administrators and assigns, hereby waive and release any and all rights and claims for damages which I may have against Church of Christ, Congregational, of Millis, MA, as well as any other person connected with the activity including said person's heirs, executors, administrators, successors, and assigns for any and all injuries which I or my child may suffer while taking part in said activity or as a result thereof.

Parent/guardian signature: _____ Date: _____

Return form to: Church of Christ, 142 Exchange St., Millis, MA 02054 508-376-5034 / millisucc@msn.com