



UNION CONGREGATIONAL UNITED CHURCH OF CHRIST

5088 Summit Blvd, West Palm Beach, FL 33415

"ROOTED IN LOVE"
"WHERE KIDS EXPLORE GOD'S LOVE"
VACATION BIBLE SCHOOL

Weeks of July 12-16, 2021

9:00 AM - 12:30 PM

REGISTRATION FORM

To register your child, please fill out this form in its entirety. There is a \$25.00 fee per child per week to cover supplies. If you have any questions please call the office 561-686-0330 Monday through Friday between 9:00 AM to 1:00 PM.

A separate form must be submitted for each child being registered.

Child's First Name _____ Child's Last Name _____

Child is: _____ Male _____ Female Child's Birth Date MM/DD/YYYY _____

Child's Address Street _____

City, State, Zip _____

Age Group - Please select the most appropriate age group for your child.

_____ 4 - 6 Years old

_____ 7-9 Years old

_____ 10-12 Years old

Please provide Child's T-Shirt Size: _____

Parent's First Name(s) _____

Parent's Last Name _____

Primary Phone Number Home _____, Cell # _____

Alternate Phone Number Work _____

Parent's email address _____

Alternate Pickup List - those persons, other than parents, authorized to pick up your child during the weeks of VBS. Your child will not be released to anyone else without a phone call.

ALLERGIES Please list any allergies your child has that we should be aware of.

Emergency Contact #1

Name (Other than parent) _____

Phone Number _____

Relationship to Child _____

Emergency Contact #2

Name (Other than parent) _____

Phone Number _____

Relationship to Child _____

Emergency Care

If no one can be reached, and my child's condition becomes serious, I give the Vacation Bible School staff permission to transport my child to a hospital emergency room.

I agree. _____ (Initial)

Health Insurance Company _____

Health Insurance ID Number _____

Consents

My child has my permission to attend VBS at Union Congregational Church (UCC) from July 12 through July 16, 2021. I will not hold UCC or any staff member responsible for any injuries incurred.

I agree. _____ (Initial)

Photo Permission *I understand that photos will be taken during the event and may be posted on UCC's publications such as: UCC websites/UCC's Facebook/Newsletter, ect. to promote the missions of church, and that those photos may include my child. (Initial)

_____ I give my permission.

_____ I do not give permission for photos of my child to be included.

To my knowledge, all information provided is true.

Parent/Guardian Signature