

Vacation Bible Camp Registration 2009

August 3 -7, 2009

9 am - noon

Registration Date

Located at: **First Church of Christ, Congregational**
75 Main Street, Farmington

Sponsored by: **First Church and St. Patrick Church, Farmington**

Student Information

Family Last Name: _____

Address: _____

Phone Number: _____ E-mail _____

Child's Full Name	Nickname	Grade (as of Sept. '09)	Birth Date MM/DD/YY

Parent Information

Parent's Full Name	Address (If different)	Work Phone	Cell Phone	E-mail

If Parent is *Not* Available in an Emergency Please Contact:

Full Name	Relationship	Phone

Individuals Authorized to Drop-off and Pick-up my Child(ren):

Name/Relationship/Phone _____

By signing this form, I am authorizing that the above named individual(s) have permission to transport my child(ren) to and from Vacation Bible Camp.

Cost: \$50 per Child (includes snacks, materials, and T-Shirt) Total Paid: ___ Cash__ Check __

T-Shirt Size & Quantity: S ___ M ___ L ___ XL ___ Adult Small ___

Please indicate which way you would like to help:

Decorations/Set up (Aug. 2) ___ Assistant Teacher ___ Serve Lunch Friday ___

T Shirt Iron-ons ___ Registration Table ___ Shopping ___

Carnival Help on Friday ___ Clean up on Friday ___ Other ___

Space is Limited: Please return this Registration Form to FCC Church Office by July 15, 2009 to ensure your spot.

Please complete both pages of registration form.

Medical Information

Is your child covered by family medical / hospital insurance? Yes No

If so, indicate name of Insurance Provider: _____

Name of Insured: _____ Relationship to child(ren): _____

Insurance / Group ID #: _____

Child's Doctor: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Health History:

Please indicate **Yes** or **No** for each item for each child. Please use box below to explain any YES answers.

Child	Allergies	Medications	Special Concerns / Restrictions

Explain any YES answers in the box below:

By signing below, I am authorizing that my child(ren) has (have) permission to participate in all the programs and activities of Vacation Bible Camp on the property of First Church of Christ in Farmington. I authorize personnel in charge to provide first aid to my child(ren) in the event of a medical emergency. I further authorize personnel in charge to obtain emergency medical treatment from a licensed medical facility (including drawing blood and taking X-rays) for my child(ren) should the need arise. I agree to assume all financial responsibility that may arise pertaining to the emergency including transportation to the hospital or physician's office.

Signature of Parent / Legal Guardian

Date

We take photos of the children and youth involved in camp activities. These photos are part of the week's slide show, and may be placed on the websites of FCC or SPC for promotional purposes. The names of the children are not published. Please check one of the following and sign below.

I **give** permission for photos to be taken of my child(ren).

I **do not** give permission for photos to be taken of my child(ren).

Signature of Parent / Legal Guardian

Date