



Vacation Bible School Registration Naples United Church of Christ

July 29 – August 2, 2019

9:00 a.m – 12:00 p.m.

Kindergarten – 5th grade

Cost: \$15 per child, \$25 per family for the week.
Wrap Around Care (7 a.m. – 6 p.m.) \$65 per child for the week.

Last Name _____ Parent/Guardian _____

Home Phone _____ Cell Phone _____

Email Address _____

Home Address _____ City _____ Zip _____

Home Church _____

Child's Name	Gender	Birth Date	Grade (Fall 2019)	Allergies	T-Shirt size Child/Adult

Describe any allergies, medical conditions or behavior concerns for each child.

Authorization for emergency Medical Treatment – if my child should become ill or injured during any activity, I understand that NUCC will immediately contact me. Should I be unreachable, NUCC is authorized to arrange immediate medical treatment necessary to ensure the health of my child.

Parent/Guardian signature: _____ Date: _____

Permission to Participate and Release of Liability – I give my child permission to participate in the NUCC’s Vacation Bible School program. I understand that even when every reasonable precaution is taken, accidents happen. Therefore, in exchange for allowing my child to participate, I release NUCC, its staff members, and all volunteers from all liability for any injury, loss, or damage connected in anyway whatsoever while participating in this activity. I understand that this release includes any claims based on negligence, action, or inaction of the Naples United Church of Christ and its staff and volunteers.

Parent/Guardian signature: _____ Date: _____

Permission for Photo Release – I hereby consent to having my child photographed, recorded on audiotape or videotaped by the Naples United Church of Christ for reporting of programs taking place at this church with full knowledge that the end product may appear in print publications, a video, or on the internet. I release the Naples United Church of Christ and their employees and volunteers from any responsibility or liability arising from the use of these media.

Parent/Guardian signature: _____ Date: _____

Registration Deadline: Friday, July 19, 2019

Make checks payable to Naples United Church of Christ, VBS 2019 in memo

Mail form and check to:

5200 Crayton Road, Naples, Florida 34108

Attn: Merrill Noble

_____ children (\$15.00 per, up to 2 children)	_____
_____ family (\$25 per, 3 or more children)	_____
_____ Wrap Around Care (\$65 per child)	_____
Total Due	_____