

SonTreasure Island
July 7-11, 2014 * Fireman's Park, Monee
Family Registration Form



Parent or Guardian #1

Name _____

Daytime Phone _____

E-mail _____

Church, if any _____

Relationship to child _____

Which address below applies to you? #1 ☐ #2 ☐

May we text message you? Yes ☐ No ☐

Parent or Guardian #2

Name _____

Daytime Phone _____

E-mail _____

Church, if any _____

Relationship to child _____

Which address below applies to you? #1 ☐ #2 ☐

May we text message you? Yes ☐ No ☐

Address #1 Address _____ City, ST _____ Zip _____

Address #2 Address _____ City, ST _____ Zip _____

Others authorized to drop off or pick up the child(ren) and/or emergency contacts

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Are there any persons *NOT authorized* to pick up your child(ren) _____

☐ My child will be picked-up by myself or picked up by one of the above authorized persons.

☐ My child has permission to be released to walk/bike home.

☐ My child has permission to be released to walk/bike home with a sibling or another child: _____

☐ I would like to be alerted by call/text when my child is released. Parent #1 #2 (circle one)

Child Information

1. Name _____ Gender **M** **F** Birthdate ____/____/____

School _____ Grade (Fall) _____ T-shirt Size _____

Mailing Address #1 #2 Allergies, special concerns, etc _____

Please turn over...

2. Name _____ Gender **M** **F** Birthdate ____ / ____ / ____
School _____ Grade (Fall) _____ T-shirt Size _____
Mailing Address **#1** **#2** Allergies, special concerns, etc _____

3. Name _____ Gender **M** **F** Birthdate ____ / ____ / ____
School _____ Grade (Fall) _____ T-shirt Size _____
Mailing Address **#1** **#2** Allergies, special concerns, etc _____

4. Name _____ Gender **M** **F** Birthdate ____ / ____ / ____
School _____ Grade (Fall) _____ T-shirt Size _____
Mailing Address **#1** **#2** Allergies, special concerns, etc _____

Please fill out and attach a separate sheet for any additional information.

Registration cost: \$5 per child (Each child will receive a t-shirt at the end of the week!)

No family will be asked to pay more than \$10 (Financial assistance is available.)

Checks payable to Monee Free Methodist Church.

Payment can be sent to Monee Free Methodist Church (25528 S. Willow Creek Ln. Monee, IL) or brought to our first day of VBS.

Permissions I agree that my family's images may be photographed, filmed, and used in video, print, and web publications Yes ☐ No ☐

Health Insurance

Company _____ Policy/Group Number _____

Doctor's Name _____ Phone _____

Medical Release

I (we), the undersigned parent(s) or guardian(s) of the child(ren) listed above, all minors, do hereby authorize adult volunteers of Monee's Community VBS as agents for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital.

Name _____ Signature _____ Date _____