**The Congregational Church of Naugatuck**

**VACATION BIBLE SCHOOL**

July 26-30, 2021 from 9 am – 12 pm

Registration Form (Kindergarten – Grade 5)

$40 each, $35 each additional child per family, $100 maximum

**PRE-REGISTRATION REQUIRED**

203-729-3037 [www.congonaug.org](http://www.congonaug.org)

**NAME of PARTICIPANT DATE OF BIRTH GRADE ENTERING FALL 2021**

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Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contacts: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person(s) with permission to pick up child(ren) daily: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate any specific concerns about your child’s allergies, medical concerns, cognitive disabilities, if the child will be carrying epi-pens or inhalers, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Permission to use Images and Videos**

I hereby grant permission to The Congregational Church of Naugatuck to record sounds, images or video of my child(ren) while attending this VBS program. I also give permission for The Congregational Church of Naugatuck to use these sounds, images or videos at its sole discretion in publications (including print, websites, social media platforms) owned by The Congregational Church of Naugatuck in relation to this VBS program. I also understand that the church will only use group photos of youth/children and will never identify them by name.

**Medical Release**

I authorize all representatives of The Congregational Church of Naugatuck to act in my behalf for the purposes of obtaining emergency medical treatment for my child while they are participating in the Vacation Bible School program.

**COVID Release**

Signature Adult Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return to: The Congregational Church of Naugatuck, 9 Division Street, Naugatuck CT 06770 with payment included