VALLEY CHRISTIAN CHURCH

V.B.S. 2025

July 14th-18th

Valley Christian Church
11188 SW Wilsonville Road Wilsonville OR 97070 503-682-3693 office@vccwilsonville.org

Registration Form

(One form per child please)

Name:_____
Last First M.I.

Date of Birth: _____ Grade in Sept. _____ _____
K – 6 Nickname, if applicable

Any Food Allergies?_____

Address: _____

City/State/Zip: _____

Primary Phone:_____ _____Secondary Phone:_____

Home Church, if any: _____

Parents Email address _____

New!
Our family can attend July 20th for VBS Sunday and light lunch following! ___Yes, how many meals? ☐ ___ No

———*"TASTE" some of the fun from VBS!*———-

I allow my child's image to be included on our church website and social media. ___ Yes ___ No

The following people may pick up camper:

Name: _____ Relationship_____ Phone:_____

Name:_____ Relationship_____ Phone:_____

Please call if there are any changes to the above information.

T-Shirt Size: **XS S M I XL** Circle one please

Fill out both sides please.

- Our V.B.S. is from 9:00 AM—1:00 PM and there is no cost to attend. We do, however, ask you to buy a T-shirt ($15.00) for your child. This will be their name tag for the week and a craft project.
- Anticipated days of attendance (please circle) M T W T F

Additional Options

Please indicate which additional option if any, you will be using, and on what days.

(M T W T F) Pre childcare $10	(M T W T F) Lunch/Activity $20	(M T W T F) Post childcare $10
7:30-9:00 AM	1:00-4:00 PM	4:00-5:30 PM

The cost is per day and per child. *If you pre-pay on or before Monday morning (the day VBS starts) you get a discount: Buy 4 days of the lunch/activity option and get 1 day for free. However you can always decide on a day by day basis too. Optional fees must be paid on or before the day used.*

OFFICE / STAFF USE ONLY	Date entered into computer:
Amount Paid $:	If check is used note check # and date:
Payment type:	Other notes:
Money is split between # kids:	

Medical Information / Parent Consent / Release

Child's Name: _____

BEFORE COMING TO VBS EACH DAY, I WILL DO A CHECK TO BE SURE MY CHILD IS NOT SHOWING ANY OF THE KNOWN SIGNS OF ILLNESS such as a fever, coughs, chills, diarrhea, nausea, or new loss of taste or smell.
Although we know you will be doing all you can to control the spread of illness, I understand my child could potentially come in contact with a virus that causes the illness.

Parent Initials _____ Date_____

Doctor's Name: _____ Phone # _____

Insurance Company:_____ Policy # _____Group #_____

Date of last tetanus: _____

Does this child have allergies? _____

Does this child take any medication? _____

Special dietary needs/restrictions: _____

Any activity restrictions? _____

Other information? _____

_____

The above medical information is correct to the best of my knowledge.

1. *In the event that I cannot be reached in an emergency and my child requires treatment, I hereby give permission to any of the Emergency Contacts listed on the front to authorize any Medical Center and/or the Health Care Provider selected by Valley Christian Church to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.*
2. *I also give permission to Valley Christian Church employees or volunteers to hold on to all medications and make them available to my child during the times they are to be taken.*
3. *I fully and completely understand that my signature below releases Valley Christian Church of any liability or accident incurred by the above named camper. I understand that Valley Christian Church only carries secondary insurance for campers and that I will take primary responsibility for any charges occurring in the event the camper named above should need any medical attention at any clinic, facility or hospital.*
4. *I further agree that if I have a legal dispute with Valley Christian Church which cannot be settled through discussions between parties, I will attempt to settle the dispute through mediation before a mutually acceptable mediator whose name appears on the registry of names recognized by Oregon courts as qualified persons for mediation assignments.*

If you understand what you have read and agree, please sign below:

_____ _____

Signature: Parent / Guardian Print Name: Parent / Guardian

Contact Phone #: _____ Date: _____

Emergency Contact Information:

1. Custodial Parent/Guardian:_____ Relationship:_____

Contact phone #:_____ Secondary phone #:_____

2. Other:_____ Relationship:_____

Contact phone #:_____ Secondary phone #:_____

Fill out both sides please.