

CONSENT FOR MEDICAL TREATMENT OF A MINOR

I, the undersigned parent/legal guardian of the children listed on the reverse side of this form, do hereby authorize any medical treatment which may be necessary, in the case of an accident, resulting in injury or illness while at Community Baptist Church.

I also agree not to hold Community Baptist Church or its volunteers liable for losses, damages or injuries which occur while at the church.

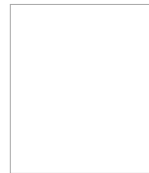
I hereby certify that I have read and fully understand this authorization.

Signature		Date	
Insurance Co		Policy No	

Office Use Only

Paid	_____	Cash	_____	Check#	_____
Amount		Date			

Community Baptist Church
PO Box 390
Warrenville, IL 60555-0390



COMMUNITY BAPTIST AND TRINITY LUTHERAN
CHURCHES INVITE YOU TO

VACATION BIBLE SCHOOL

July 28 - August 1

9:00 a.m. - 12:00 noon

(8:00 early drop off available)

For all children age 4 through 8th grades



Location: Community Baptist Church
Corner of Main Street & Warren Avenue
Warrenville, Illinois

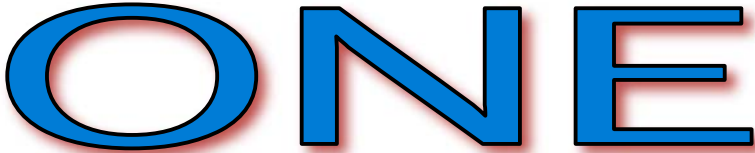
Questions?

Call: 630-393-9104, or e-mail:

cbc-warrenville@cbc4me.com or
TrinityWarrenville@ameritech.net

REGISTRATION FORM

2008 Vacation Bible School



Ephesians 4: 4-6

OUR MISSION THIS YEAR WILL BE COLLECTING
BACKPACKS AND SCHOOL SUPPLIES FOR DUPAGE
REGIONAL OFFICE OF EDUCATION

Ages 4 years old through 8th grade
Registration fee \$20 ● Scholarships available
(Maximum \$40 per family) Walk-ins \$5/child extra

Make check payable to *Trinity Lutheran Church*

Mail completed form and payment to:
Trinity Lutheran Church
3 S 460 Curtis Avenue
Warrenville, IL 60555-0390

Registration Deadline – Monday, July 21st

Parents Name(s) _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Work Phone: _____ Pager: _____
Email: _____
Emergency Contact: _____
Home Phone: _____ Cell Phone: _____
Relationship to you: _____

-
- Child's Name _____ Size: S M L XL
Age: _____ Birthdate: _____ Grade in Sept '08: _____
Allergy/Health Information _____

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Age: _____ Birthdate: _____ Grade in Sept '08: _____
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 - Child's Name _____ Size: S M L XL
Age: _____ Birthdate: _____ Grade in Sept '08: _____
Allergy/Health Information _____

I give permission for photos of my child(ren) to be used by the church in any and all publications.
Signature: _____

Where did you hear about our Vacation Bible School?
__ Church __ Newspaper __ Parade __ Friend __ Channel 10