



## Dear Parents:

### Send your kids on a gem of an adventure!

At Treasured VBS, kids will discover they are priceless to God. Treasured is filled with incredible Bible-learning experiences kids see, hear, touch, and even taste! Sciency-Fun Gizmos™, team-building games, cool Bible songs, and tasty treats are just a few of the standout activities that help faith flow into real life. (Since everything is hands-on, kids might get a little messy. Be sure to send them in play clothes and safe shoes.) Plus, we'll help kids discover how to see evidence of God in everyday life—something we call God Sightings®. Get ready to hear that phrase a lot!

Your kids will also participate in a hands-on mission project, through a program called Operation Kid-to-Kid™, that will provide protective bed nets for kids in areas of the world where mosquitoes carry malaria.

Parents, grandparents, and friends are invited to join us at Closing Quest each day at 11:35, a daily exploration of how God treasures us!

So mark these dates on your calendar: July 26-30

The fun starts at 9:00 am and will end at 3:00 pm

Call this number 815-772-4098 to register your children for this life-changing adventure!

Sincerely,

Your Treasured  
VBS Director

Kingdom Life Community Church  
"KINGDOM KIDS" CAMP REGISTRATION  
Medical Release Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthday: \_\_\_/\_\_\_/\_\_\_ Preschool (age 4 – K) \_\_\_\_\_ OR Grade (just completed) \_\_\_\_\_

Boy \_\_\_\_\_ Girl \_\_\_\_\_

T-shirt size XS(2/4) \_\_\_\_\_ S(6/8) \_\_\_\_\_ M(10/12) \_\_\_\_\_ L(14/16) \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

If not available in an emergency, notify:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

**Medical Information**

Health History: (give approximate dates of occurrences, mild or severe)

Any medical conditions we should be aware of? \_\_\_\_\_

Any allergies (food, drugs, animals, and insects, etc.): \_\_\_\_\_

Current medication (send with instructions): \_\_\_\_\_

Reason for taking above medication: \_\_\_\_\_

Are there any activities from which this child should be restricted? \_\_\_\_\_

Name of family physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Do you carry family medical/hospital insurance? \_\_\_\_\_ If so, indicate: \_\_\_\_\_

Carrier name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**THIS FORM MUST BE SIGNED TO REGISTER**

This health history is correct as far as I know, and the person listed above has permission to attend Kingdom Life Community Church, "KINGDOM KIDS" Ministry Activity and to engage in all activities except as noted. I hereby authorize the executive staff or designated medical professionals to administer emergency medical assistance if I cannot be reached. I accept responsibility for payment of expenses incurred as a result of medical treatment.

*This medical release form is effective for the dates July 1, 2021 to July 1, 2022*

Signature of parent/guardian of student: \_\_\_\_\_ Date: \_\_\_\_\_

I am available to help as: Teacher \_\_\_\_\_ Crafts \_\_\_\_\_ Kitchen \_\_\_\_\_ Games \_\_\_\_\_ Music \_\_\_\_\_