



**Congregational Church of Littleton  
 Vacation Bible School  
 2026 Registration Form  
 August 17-21**

Challenger's Name \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Phone Numbers

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Last school grade completed \_\_\_\_\_ Home Church \_\_\_\_\_

Allergies/Medical Information/Other information you would like to provide to us regarding your child.

Emergency Contacts

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

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

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

Dismissal Information

Name(s) of person(s) who may pick up this child from VBS:

**The cost is \$35.00 per child attending Vacation Bible School  
 Early Bird Rate - register before June 1<sup>st</sup> and pay only \$30 per child!!!!  
 Make checks payable to CCOL**

Return forms and payment to:  
 CE Dir. Michelle Rawlinson  
 Congregational Church of Littleton,  
 330 King Street,  
 Littleton, MA 01460



## Permission to Provide Medical Attention

Please read the information below, complete, and sign your name confirming your approval of the below:

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest care facility and/or to \_\_\_\_\_.

I also hereby authorize the performance of medical, minor surgical or diagnostic procedures, including the administration of local anesthesia that may be deemed necessary or advisable by the attending physician or surgeon in the diagnosis and emergency treatment of my son or daughter in the event that I cannot be reached for direct authorization.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Release Form

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ hereby agree to release the Congregational Church of Littleton, its successors and assigns from all claims of loss, damage, or injury sustained by the participation in Vacation Bible School, whether caused by the negligence of the church, its agents, employees, or otherwise.

I further agree to indemnify said church, its successors and assigns against any and all claims for such loss, damage, or injury sustained by the participant, whether caused by the negligence of the church or its officers, agents, employees and otherwise.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Publicity / Photo Release

I understand that my child, \_\_\_\_\_ may be photographed by or mentioned in one of the local newspapers should they feature articles involving our program. Photographs may be used in CCOL publications including the CCOL website.

\_\_\_\_\_ I give my permission for my child to be photographed.

\_\_\_\_\_ I do not want my child photographed.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Behavior

While we recognize no child behaves perfectly all the time, the VBS staff and volunteers expect that attendees will cease misbehavior when instructed. Certain behaviors, not limited to but including, fighting, biting, swearing, ongoing disrespect to staff and volunteers be it verbal or physical, failure to cease unsafe activity may result in parents being called to pick up their child. Inappropriate physical contact by your child will result in your child being sent home.

If your child is sent home, it may be for the remainder of the day or the remainder of VBS. In either case, no refund will be issued.

By signing below, I understand my child is expected to behave reasonably at VBS.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_