



VALLEY KINGDOM MINISTRIES INTERNATIONAL
KINGDOM CHILDREN MINISTRIES
The Truth Conference REGISTRATION
 Valley East, South Holland, IL 60473
 November 13-14, 2015

Friday Starting @ 6PM -9pm Saturday 10AM-5:30pm

Please complete one application per child

Please Print and Use Ink Pen

Child's Name: (Cost is \$25 or \$35 ATD) Last	First	Middle
Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:	Age:
Parent/ Guardian:		Relationship:
Address: Street	City State	Zip Code
Home Phone: ()	Work Phone ()	Cell Phone ()
EMERGENCY CONTACT NAME:	Relationship:	Phone #: ()
Are you a member of Valley Kingdom Ministries International?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, what ministry?
Are you available to chaperone?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
DOES YOUR CHILD HAVE ANY OF THE FOLLOWING HEALTH PROBLEMS?		
Epilepsy <input type="checkbox"/> Hearing/Vision Impairment <input type="checkbox"/> Nose Bleeding <input type="checkbox"/> Heart Problems <input type="checkbox"/> Asthma/Emphysema <input type="checkbox"/>		
Please list all known medical conditions, allergies or restrictions		

Is your child currently on any prescription medication? (If yes, please explain) _____		

Child's Physician: _____ Phone # () _____		

Please list any sports or activity limitations your child might have. _____

List and discuss any physical or psychological conditions of this child that need special attention.

What do you want your child to get from this experience? _____

November 13-14, 2015

Friday 6:00 pm-9pm – Saturday 10:00am-5:30pm

Valley Kingdom Ministries, 1102 E. 154th Street, South Holland, IL

Cost \$25 per person \$35 ATD

Includes: Inspiring workshops, materials, and other goodies!

Registration
Registration

DUE: Friday, November 13, 2015 (E-mail to sawilliams@vkmi.org)

NAME

CONTACT PHONE

ADDRESS

EMAIL

CITY, STATE, ZIP CODE

MINISTRY / POSITION (ex. Children's Church/ Teacher)

Conference Activities:

Group Chats: personal sessions using social media outlets to encourage the children to have real life conversation and gain a kingdom perspective on the things going on in their world.

Connect Groups: Small group sessions build to deal with the preteen specific concerns or interests

Team Building: Learning how to work together is a necessity but Pastor Sabrina will lead them into thought provoking exercises that will also help influence their walk with Christ.

Message by Pastor Sabrina: Pastor Sabrina will give them a kingdom message to show them the urgency of being All In with their walk with God. It will awaken their spirits and grow their knowledge about the kingdom.

Service Project (assigned): Being All In means servicing those in need. You have you lend a hand to?

Black Light Party: Let's celebrate all that we have accomplished this powerful weekend!

Office Only:

Amount paid: _____ Cash Check Date: _____

**KINGDOM CHILDREN MINISTRIES
THE TRUTH CONFERENCE REGISTRATION**

Photo Release: While your child is attending conference, he/she may be involved in number of special activities. VKMI needs your permission to use photographs and still images and video tapings of your child taken for the sole purpose of, web page, presentations and publicity publications. This permission is applicable for current, as well as future project use. I hereby consent that the photographs and/or videotapes in which he/she appears and/or audio recordings made of his/her voice may be used by VKMI and its assigns in whatever way they may desire, including television; I consent that any such photograph, films and recordings, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to duplicate and reproduce and make other such use of said photographs as they may desire without any claim on my part. Your signature gives permission for VKMI to use photographs of your child. **Signature must be in ink.**

Parent or Guardian Signature _____ Date _____

Medical Release

I give permission for the subject of this release to attend the **VKMI/Kingdom Children Ministries "THE TRUTH" conference** and participate in all related activities.

I have reviewed the rules/conditions of the camp and agree that the subject of this release will abide them. I/We also acknowledge that if the subject of the release is not following **ALL** discipline guidelines they will be returned to parent immediately.

I understand all reasonable safety precautions will be taken at all times by the staff of VKMI during all events and activities. In case of emergency, I understand that the staff of VKMI will contact me immediately. If, however, I cannot be reached, I give authorization for my child to receive emergency medical care, including anesthesia, provided by medical personnel or a licensed paramedic or any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Valley Kingdom Ministries International, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. **Signature must be in ink.**

Parent or Guardian Signature _____ Date _____

Registration is not official until payment is received.

*****Office Use Only*****				
PAYMENT INFORMATION				
Deposit Payment Type		App/ Deposit Rec'd ____/____/____		
Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Check#	Total Tuition	\$
			<i>(including any discounts)</i>	
Credit Card <input type="checkbox"/>	Debit Card <input type="checkbox"/>		Deposit	\$
Exp. Date:	Verification code:		Remaining Tuition	\$
2nd Payment Type		Payment Rec'd ____/____/____		
Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Check#	Remaining Tuition	\$
Credit Card <input type="checkbox"/>	Debit Card <input type="checkbox"/>		Payment	\$
Exp. Date:	Verification code:		Remaining Tuition	\$
3rd Payment Type		Payment Rec'd ____/____/____		
Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Check#	Remaining Tuition	\$
Credit Card <input type="checkbox"/>	Debit Card <input type="checkbox"/>		Payment	\$
Exp. Date:	Verification code:		Remaining Tuition	\$