

CHILD REGISTRATION FORM



Vacation Bible School June 27-July 1

Pre-School—5th Grade
(one per child please)
6:00-8:30
Dinner begins at 5:00

Child's Name _____

Child's Gender _____ Child's Age _____ School Grade in Fall _____

Check here if parent information is on another VBS Registration Form.
Otherwise, please complete the contact information below.

Parent / Caregiver's Name _____

Street Address _____

City, State, Zip Code _____

Home Phone _____ Mobil Phone _____

Email Address _____ Home Church _____

Name of Friend your child might like to be with _____

Allergies / Medical Concerns _____



In Case of an Emergency Contact _____

Phone Number (home) _____ (Mobil) _____

Relationship to Child _____

During this program we like to photograph the children. These images may be incorporated into various advertisements and publications including the church newsletter and website. We request permission to use and publish any photographs that may be taken of your child.



I grant Zion Lutheran Church the right and permission to publish any photographs of my child for use as described above.

I DO NOT grant permission for Zion Lutheran Church to use photographs of my child for use in any publication.

Parent's Signature _____ Date _____