



## Registration Form

Church: Zion Lutheran Church  
Dates: July 12-16, 2010

Confidential Form  
Location: Mack Park Pavilion

Child's Name: \_\_\_\_\_  
Nickname/preferred name to be called: \_\_\_\_\_  
Parent/Guardian name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Home e-mail address: \_\_\_\_\_  
Child's age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: M F

Last school grade completed: \_\_\_\_\_

Siblings: \_\_\_\_\_

Home congregation (if any): \_\_\_\_\_  
\_\_\_\_\_

In case of emergency (when the parent/guardian cannot be reached) please contact:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Please list any allergies/medical needs of which the VBS staff should be aware:

\_\_\_\_\_

Person responsible for picking up this child at the end of each VBS day:

Name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Tell us anything special you'd like us to know about your child (use back side if you'd like)

\_\_\_\_\_

Special needs/circumstances: \_\_\_\_\_

Do you give permission for your child to be photographed? \_\_\_\_\_yes \_\_\_\_\_no

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

Volunteer Opportunities:

*Please circle the area of your interest from the list below:*

Bible study (All ages) crafts games science music assistant decorating Friday clean-up  
Sunday set-up snacks preschool helper arrival activity director

Days available: M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_