



Registration Form

Church: Zion Lutheran Church

Confidential Form

Dates: July 25-29, 2011

Location: Mack Park

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: _____

Please circle the area or your interest below:

Crafts games decorating Friday clean-up
Days available: M T W Th F