

**Zion Lutheran Church  
Vacation Bible School Registration**

Child's name \_\_\_\_\_  
Grade completed \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_  
Parents' names \_\_\_\_\_  
Home address \_\_\_\_\_  
Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_  
Emergency contact person \_\_\_\_\_ Relationship to student \_\_\_\_\_  
Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_  
Food allergies Y N (List:) \_\_\_\_\_  
Medical concerns Y N (Explain:) \_\_\_\_\_  
Family doctor \_\_\_\_\_ Doctor's phone \_\_\_\_\_  
Siblings attending VBS (names and ages) \_\_\_\_\_  
\_\_\_\_\_  
Church affiliation \_\_\_\_\_ Church membership at \_\_\_\_\_  
People who may pick up the child \_\_\_\_\_  
Attendance 1 2 3 4 5  
VBS leaders have permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program.  
Parent's signature \_\_\_\_\_

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