

VBS 2017 Registration
Zion United Methodist Church



Child's Name _____ Preferred Name _____ Age _____

Current Grade for the 2017-2018 school year: _____

Address _____

Parent's Name _____

Home Phone _____ Cell Phone _____

Additional emergency contact information (if parent is unreachable):

Name _____ Phone _____

Please list any food/other allergies that VBS staff needs to be aware of:

If your child has any medication VBS staff needs to be aware of please specify:

Medication _____ Dose _____ Time _____

If your child has a special need or handicapping condition that VBS staff needs to be aware of ,
please specify _____

For medical emergency, which hospital do you prefer? Southeast St. Francis

Physician's Name _____ Phone _____

If not you, who will be picking up your child each evening?

Name _____ Phone _____

Name _____ Phone _____

Pictures may be taken throughout the week for promotional purposes. Do you give permission
for your child to be in any of those pictures? Yes No

By checking the box following this statement, I agree that the above information is correct and I
hereby give my child permission to participate in Zion's 2017 Vacation Bible School.

Parent's Signature _____ Date _____