



VBS Registration Form

June 24th – 28th

Child's Name _____

Age _____ **Date of Birth** _____ **Grade 24/25 school year** _____

Parent/Guardian Name(s) _____

Home Phone _____ **Work Phone** _____ **Mobile** _____

Email _____ **Preferred Contact Method** _____

T shirt size (check one) Y- Youth A- Adult YS YM YL AS AM AL AXL

EMERGENCY INFORMATION

Emergency Contact 1 _____ **Phone** _____

Emergency Contact 2 _____ **Phone** _____

Allergies or Special Needs

DISMISSAL

Who may pick up your child at the end of class?

Name _____ **Relationship** _____

Name _____ **Relationship** _____

I give my permission for my child to be photographed while attending VBS at Club Zion Community Church.

I give my permission for photos to be used on Club Zion's Website and Social Media pages.

Parent/Guardian Signature _____ **Date** _____