



REGISTRATION FORM

2017 VBS DATES:

SUNDAY, July 24- THURSDAY, July 28
5:00 – 8:00 p.m.

Registration -- \$5.00 per child
(Open to Ages 3 and up!)

Child's Name: _____

Child's Age: _____ Birthdate: _____ Last School Grade completed: _____

Parent/Guardian Names: _____

Address: _____ PO BOX _____

Home Telephone: _____ Cell Phone: _____

Email Address _____

Food Allergies: Y N (please list) _____

Medical Concerns: Y N (please explain) _____

Siblings Attending VBS (name and age) _____

Home Congregation (if any): _____

Emergency Contact Name: _____

Telephone: _____ Relationship to child: _____

Shirt Size: _____

Transportation needed? Y N

Planned Attendance (please circle): Sun Mon Tues Wed Thurs

Amount enclosed: \$ _____

* Please return this registration form and fee to the Zion UCC church office by July 20th!

*Any Questions please call Kelly Nabb at (563) 249-2335 or Megan Horman at (563) 941-7590.