



**Zion Lutheran Church
2017 Vacation Bible School Registration**

Student's Name _____

Parent/Guardian Name _____

Address _____

E-mail Address _____

Phone Numbers: Home _____ Cell _____ Work _____

Age Information

Date of birth _____ Age _____

Last school grade completed _____

Home Church _____

Allergies/Medical Information/Other

Emergency Contacts

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information

Name(s) of person(s) who may pick up this child from VBS

Other Information (church use only)

Are parents helping with Cave Quest VBS? _____ If yes, where? _____

Return completed form to: Carolyn Steinfeldt
Zion Lutheran Church
503 Columbus Ave.
Sandusky, OH 44870

There may be occasion during VBS for photos to be taken of the children. If you do not want your child photographed, please sign:

