

# ZION LUTHERAN CHURCH DAY OFF PROGRAM

Zion is offering day programs for elementary and middle school aged children (K-8th) on certain days FCPS schools are closed. Join us for structured games, crafts and other activities.

*Bring your lunch with you!*

Who: **Elementary School and Middle School Youth**

Who else: YOUR FRIENDS!

When: **Friday, October 20th - Butler's Orchard**

Time: 9:00 a.m. - 3:00 p.m.

Cost: \$15/Child

(Checks payable to Zion Lutheran Church)

RSVP: Advanced sign-ups are requested by October 12th for this event because we will be traveling to Butler's Orchard and we need to ensure sufficient transportation.

**Please send your kids with a lunch and dressed in play clothes and closed toe shoes.**

Please return forms and money to:

Zion Lutheran Church  
Attn: Day Off Program Director  
107 West Main Street  
Middletown, MD 21769

Contact the church office with questions (301-371-6500 )

*Watch for future Day Off Program dates*

## PARTICIPANT REGISTRATION FORM (ONE FORM PER PARTICIPANT)

Child's Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_

Allergies, if any: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Church: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Phone Number of parent/guardian in case of emergency: \_\_\_\_\_

Friday, October 20, 2017: \$15 \_\_\_\_\_

**Total Payment: \$ \_\_\_\_\_**

*Checks payable to "Zion Lutheran Church"*

Detach form and return to Zion Lutheran Church office.

Zion Lutheran Church _____ has my permission _____ <b>does not</b> have my permission to use my child's photograph for publicity purposes.
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Zion Lutheran Church _____ has my permission _____ <b>does not</b> have my permission to transport my child to field trips sponsored by the Day Off Program.
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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

For office use only: Date received: _____
Amount Paid: _____ Cash: _____ Check: _____