

**Community Vacation Bible School
(one per child)**



**Zion Lutheran Church
107 West Main Street
Middletown, MD 21769**

**July 9-13, 2018
9 a.m.-Noon**

children age 4 - completed 5th grade

CHILD'S NAME _____

CHILD'S AGE _____ DATE OF BIRTH _____ SCHOOL GRADE COMPLETED JUNE 2018 _____

PARENT/GUARDIAN NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ HOME CHURCH _____

PARENT/GUARDIAN CELL PHONE _____ EMAIL ADDRESS _____

ALLERGIES OR OTHER MEDICAL CONDITIONS _____

IN CASE OF EMERGENCY, CONTACT _____

PHONE NUMBER _____

RELATIONSHIP TO CHILD _____

CIRCLE DAYS CHILD WILL ATTEND M T W TH F EVERYDAY

PAYMENT:

REGISTRATION FEE: \$5/CHILD _____

"SHIPWRECKED" VBS MUSIC CD: \$5/EACH _____

TOTAL PAYMENT: _____

MAKE CHECKS PAYABLE TO "ZION LUTHERAN CHURCH"

____ ELIGIBLE FOR FAMILY VOLUNTEER DISCOUNT? (VOLUNTEER FORM MUST BE ATTACHED)

Zion Lutheran Church _____ has my permission _____ does not have my permission to use my child's photography for publicity purposes.

Signature of Parent/Guardian _____

Date _____