

**Zion Mennonite Church Vacation Bible School  
Registration Information**

Name of Child: \_\_\_\_\_ Last school grade completed: \_\_\_\_\_

Name of Parent/Primary Care Giver: \_\_\_\_\_

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

City: \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No: \_\_\_\_\_ Cell/Alt. Contact No: \_\_\_\_\_

Email address: \_\_\_\_\_

Child's Home Church: \_\_\_\_\_

Child's Birthdate: \_\_\_\_\_

Medical Concerns or allergies: \_\_\_\_\_

How did you learn about our Vacation Bible School? \_\_\_\_\_

**WAIVER OF RESPONSIBILITY:**

I give \_\_\_\_\_ permission to participate in Zion Mennonite Church's 2017 Vacation Bible School from July 23-July 27, 2017. VBS leaders will not be held responsible for injury, lost items, etc.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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