

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 2019 Vacation Bible School from July 28-August 1, 2019. VBS leaders will not be held responsible for injury, lost items, etc.

Parent/Guardian Signature: _____ Date: _____