ZION VBS REGISTRATION FORM MON., AUGUST 5 – THURSDAY, AUGUST 8 9 AM – Noon 4K through 5th Grade

(One per child)

Child's name:		Chile	d's gender:
Child's age:Dat	ee of birth:		uring 2023/24 year:
Name of parent(s):			
Street address:			
City:	Sta	nte:	Zip
Home telephone:()			
Parent/caregiver's cellphone:()			
Home email address:			
Home church:			
T-shirt Size (please circle) Youth- Sm Med Large Adult-Sm Med Lg XL XXL			
Allergies, medical conditions, or special needs:			
In case of emergency, contact:			
Phone:			
Relationship to child:			
For church use only—Crew number or name			