

## VBS Registration 2024

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medical Condition: \_\_\_\_\_

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Parent's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Number \_\_\_\_\_ Cell \_\_\_\_\_

General use: I grant Zion Lutheran Church and its VBS  
Staff and News Reporters permission to  
photograph my child(ren) during VBS activities.

Yes \_\_\_\_\_ No \_\_\_\_\_

Parent's Signature \_\_\_\_\_