

Vacation Bible School Registration

Zion Lutheran Church

8304 East Buckeye
Spokane, WA 99212

www.zionlutheranspokane.org 509-926-5407



JUNE 24-27, 2019 9:00 - 11:30 a.m.

Please pre-register your child by completing and returning this form, front and back, to the above address. Use one form for each child. Call the church office if you need additional forms.

\$5/child registration fee includes cost of T-shirt, crafts, snacks, and supplies.
Make checks payable to Zion Lutheran Church.

STUDENT'S NAME: _____

GRADE—Circle age or the grade child is going into: **(This will be the class in which the child is placed.)**

4 yrs. old Kindergarten 1st 2nd 3rd 4th

*BIRTHDATE: ____/____/____ *Must be four years old by June 30, 2019 to attend VBS

T-SHIRT SIZE (Circle one): Youth: S(4-6) M(8-10) L(10-12) Adult: S M L XL

PARENT'S NAME: _____

ADDRESS: _____ ZIP: _____

EMAIL ADDRESS: _____

HOME PHONE # _____ PHONE # AVAILABLE DURING VBS _____

IS THIS CHILD IN DAYCARE? _____ DAYCARE NAME _____ PHONE # _____

*** Daycare provider must be on the church premises during VBS**

CHURCH HOME: _____

May we use your child's photograph for publicity purposes (website, newsletter, etc.) ____ yes ____ no

How did you hear about Zion's Vacation Bible School? _____

***Please fill out Safety Release Form on next page.**



Zion Lutheran Church

Safety Release Form

June 24-27, 2019

Full name _____ Phone _____

Address _____ City/State/Zip _____

Parent's name _____ Phone #s: Home: _____ Work: _____

Address _____ City/State/Zip _____

Emergency Contact: _____ Phone #s: Home: _____ Work: _____

Address _____ City/State/Zip _____

Alternate Contact: _____ Phone #s: Home: _____ Work: _____

Do you have any medical conditions? Yes _____ No _____

Name and explanation of medical condition _____

Are you currently taking medication? Yes _____ No _____

Name of medication _____ How often taken _____

Do you have any allergies? Yes _____ No _____ Please list: _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? Yes _____ No _____ Name of health provider _____

Policy _____ Group # _____

Whose name is the insurance under? _____

Family Doctor _____ Phone _____

Address _____

Family Dentist _____ Phone _____

Address _____

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during youth activities, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. I understand all reasonable safety guidelines will be taken at all times by Zion Lutheran Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Zion Lutheran Church or the ELCA, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent signature _____ Date _____