



PLL P's VBS Registration 2016

Child's Name _____ Age _____ Grade Completed _____

Parents' Names _____

Address _____

Home # _____ Alternative # _____

Emergency Contact _____ # _____

Food Allergies _____

Medical Concerns _____

Family Dr. _____ # _____

Church membership at _____

People who may pick up the child _____

VBS leaders have permission to photograph/film the minors designated above in any manner or form for any lawful purpose associated with this VBS program.

PARENT SIGNATURE _____ DATE _____

T-Shirt Size: _____

If your child is in need of transportation from Zion Church, please contact Lisa Miller at 507-276-2775.