

2015 VBS Registration Form
Zion Lutheran Church of Beecher, IL
July 6th – July 10th
6:30pm – 8:30pm
(Children Must Be Entering 1st – 8th grade)

PLEASE PRINT

Child's Name _____ Boy _____ Girl _____
Date of Birth _____ Age _____ Last Grade Completed _____
Address _____

Parent's Name _____
Phone Number _____ Email _____

Siblings Attending VBS _____
Church Home, if any _____ May We Contact You? _____

Other People who may pick up your child _____ Relationship _____

During VBS we will take pictures of the children, which may appear in online or print publications (no names will be posted). Please sign only if we **DO NOT** have permission to publish pictures of your child. _____

I authorize employees of Zion Lutheran Church of Beecher, or VBS volunteers to seek any medical care deemed necessary for my child. I will be responsible for all medical fees incurred. Zion Lutheran Church of Beecher or VBS Volunteers are not liable in the event of an accident or injury occurring from my child's participation in VBS, accept as allowed by law.

Known Drug Allergies _____
Known Insect or Food Allergies _____
Please Note Any Special Medical Needs _____

Is Your Child Taking Any Medication(s) At this Time? Yes _____ No _____
List Name and Amount of Medication (s)

Parent/ Legal Guardian Signature _____
Date _____

Please Return This Form To zionbeechervbs@gmail.com
OR
Zion Lutheran Church, 540 Oak Park Ave. Beecher, IL 60401
By July 1, 2015.

