



# Zion Lutheran Church Vacation Bible School 2020

Storytelling ♦ Snacks ♦ Music ♦ Bible Challenge ♦ Games ♦ Crafts

- Where:** Zion Lutheran Church, 11007 Book Road, Naperville
- When:** **CANCELLED FOR 2020. Check back for special events we'll host when we are able to meet again in larger groups.**
- Who:** Children ages 4-10. Younger children must turn 4 no later than September 1, 2020.
- What:** Registration fees include snacks and drinks. Each family receives a Music CD/DVD.
- Cost:** First child - \$20, second child - \$15, third child - \$10\*. **Make checks payable to Zion Lutheran Church;** payment is due with completed registration. \*Additional children from same family are free.
- Register:** Place the form(s) and registration fee(s) in the locked box in the Narthex marked "VBS Registration" or deliver to the church office.
- Clothing:** For safety, please have your child wear closed-toed shoes; children wearing flip flops or sandals will not be permitted to participate in Blastoff Games.
- Medical Statement:** Please be candid with any medical or mental health diagnoses or behavioral concerns. While we welcome all children, our volunteers do not have the training necessary to accommodate children who need special assistance. Determinations will be made on a case-by-case basis.

Register today! Space is limited, and spots are filling up fast. **Final registration deadline: Sunday, June 14.** For more information, visit our website at <http://zionnaperville.org> on the Vacation Bible School tab.

(Complete one form per child, please) PLEASE PRINT LEGIBLY

Child's Name \_\_\_\_\_ Preferred Nickname \_\_\_\_\_

Last Grade Completed \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

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

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact (not parent) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Emergency Contact Phone (not parent) \_\_\_\_\_ Cell Phone \_\_\_\_\_

Food Allergies  No  Yes (List) \_\_\_\_\_

Medical Concerns  No  Yes (If yes, explain) \_\_\_\_\_

Siblings Attending VBS (names and ages) \_\_\_\_\_

Church Affiliation / Membership \_\_\_\_\_

People Who May Pick Up My Child \_\_\_\_\_

How did you hear about VBS?  Zion member  Preschool student  Attended VBS previously

Zion neighbor  Outside signage  Referred by \_\_\_\_\_

I grant VBS personnel permission to photograph/film the child designated above in any manner or form or for any lawful purpose associated with this VBS program. (Check one) \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_