

# Zion Hill Baptist Church VBS Registration Form

**Participant Name:** \_\_\_\_\_

**Parents Name:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Grade Completed:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Special Medical Condition:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

**Emergency Contact Relationship:** \_\_\_\_\_

**Permission to use Child's photo on social media: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Signature of Guardian:** \_\_\_\_\_

