

Zion United Reformed Church of Sheffield
Vacation Bible School
Registration Form

1. Family name (last name): _____
2. Parents name(s): _____
3. Each child's name and birth date:
Child 1 _____
- Child 2 _____
- Child 3 _____
- Child 4 _____
4. Any allergies we should know about: _____
5. Address: _____
6. Phone number: _____
7. Email address: _____
8. Emergency contact name: _____
9. Emergency contact number: _____
10. Do you regularly attend church? If yes, which where? _____
11. Who will be picking up your child(ren) at the end of each morning? _____
12. Comments: _____

** In the event of an accident or injury to my child, I agree that Zion United Reformed Church of Sheffield (and all those involved with VBS) is free from any and all liability.*

Signed: _____ Date: _____

** I give permission for my child to have his/her photo taken during the week:*

Signed: _____ Date: _____

** I give permission for my child's photo to be used on the Zion United Reformed Church web-site.*

Signed: _____ Date: _____