

# Camp VBS 2017

## **“Rome, Paul and the Underground Church.”**



**DATE:** June 12<sup>th</sup> - 15<sup>th</sup>, 2017

**TIME:** 9:00 a.m. - Noon

**PLACE:** Zion Lutheran Church  
1005 11<sup>th</sup> Ave. North  
Humboldt, Iowa

**AGES:** 4 years - those going into 6<sup>th</sup> grade

# “Rome, Paul and the Underground Church” Vacation Bible School Registration Form

One form per child: please include suggested \$10 registration fee/child.

Child's Name: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Emergency contact phone: \_\_\_\_\_

Grade Camper will enter in fall 2017: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Health Information:

Allergies: Y N List: \_\_\_\_\_

Medical Concerns: Y N List: \_\_\_\_\_

Any restrictions to physical activity: Y N List: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

Siblings attending VBS (names and ages): \_\_\_\_\_

\_\_\_\_\_

People who may pick up the child: \_\_\_\_\_

\_\_\_\_\_

*I hereby give permission for my child to participate in any activity or trips planned by the Camp VBS staff and congregation. I also authorize delivery of necessary emergency care by available medical personnel.*

\_\_\_\_\_

Signature of Parent or Guardian