



**2022 Community
Vacation Bible School
Registration
Zion Lutheran Church
107 West Main Street
Middletown, MD 21769**

**Wednesday Evenings in June!
5 p.m.—7 p.m.
Dinner provided each night
For Youth of All Ages!**

Student's name: _____ Age: _____ Grade completed: _____
Student's name: _____ Age: _____ Grade completed: _____
Student's name: _____ Age: _____ Grade completed: _____

**We will attend the program on the following Wednesdays
(please indicate # attending for each date):**

___ June 1st ___ June 8th ___ June 15th ___ June 22nd ___ June 29th ___

**We will attend the dinner on the following Wednesdays
(please indicate # attending for each date):**

___ June 1st ___ June 8th ___ June 15th ___ June 22nd ___ June 29th ___

Parent/Guardian's name: _____
Address: _____
E-mail address: _____
Phone Numbers: Cell: _____ Home: _____

Allergies/ Health Information

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

I give Zion Lutheran Church permission to take photos of my child during VBS and to use these photos on its website and for promotional purposes. I release and agree to hold harmless Zion Lutheran Church and its leaders from any and all liability, claims, or demands for personal injury, as well as damage and expenses, of any nature that may be incurred while participating.

Parent/Guardian Signature: _____ Date: _____