

New Zion Baptist Church  
Vacation Bible School Registration  
June 20, 21, 22  
5:45 p.m. - 8:30 p.m.

Please Print Legibly

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

Date of Birth \_\_\_\_\_

Please list Allergies or Other Medical Concerns \_\_\_\_\_  
\_\_\_\_\_

School Grade or Preschool Level completed as of June 2018 \_\_\_\_\_

Place me with my friend, if possible \_\_\_\_\_

**\*If you would like to be placed with a friend, you must both have each other's name on the registration forms.**

New Zion Baptist Church Member or Regular Attendee    Yes    No

Name of Church, if any \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email \_\_\_\_\_