MOUNT ZION COMMUNITY CHURCH Vacation Bible School Registration Form

Join Us for a Week of Fun, Faith, and Fellowship!

Participant Information

- Full Name: _____
- Date of Birth: _____
- Age: _____
- Grade Completed: _____
- Home Address: _____
- City, State, ZIP Code: _____

Parent/Guardian Information

- Full Name: _____ Phone Number: _____
- Email Address: _____
- Emergency Contact Name: _____

Medical Information

- Allergies or Special Needs: _____
- Medications: _____

Permission and Release

I authorize my child to participate in Vacation Bible School activities. I release the organizers, staff, and volunteers from liability in case of illness, injury, or accident. I also grant permission for photographs or videos of my child to be used for promotional purposes.

- Parent/Guardian Signature: _____

- Submit Your Form - Please return this completed form to Mount Zion CC at 107 Magnolia Ridge Road or email it to mtzionofboutte@yahoo.com. For any questions, call us at 504-275-9190 and leave a message.