

ZION GOSHERT'S UCC
1588 Mt. Zion Road
Lebanon, PA 17046

VBS - REGISTRATION FORM

CHILD'S NAME	BIRTHDATE	AGE	GRADE LAST COMPLETED	ALLERGIES/COMMENTS

Parent/Guardian _____

Street Address: _____

City: _____ **Zip:** _____

Cell # _____ **Other Emergency #** _____

Email Address: _____ @ _____

Home Church: _____

How did you hear about our VBS? _____

We will promote outdoor and lower-risk activities. We understand trying to find the balance for social interaction and keeping our kids safe. By signing below, I hereby release, waive and forever discharge any and all liability, claims, and demands of whatever kind or nature against Zion Goshert's UCC and its VBS volunteers. If you have any question or concerns at any time, please reach out to Cheri or Rebecca. _____ (Parent/Guardian Initials)

I agree to screen my child(ren)'s health each day and if any symptoms or positive COVID19 test were to occur, I will inform either Cheri Grumbine or Rebecca Grumbine, as soon as possible and keep my child(ren) at home. _____ (Parent/Guardian Initials)

DO WE HAVE YOUR PERMISSION TO PLACE PICTURES OF YOUR CHILD(REN) ON OUR WEBSITE/FACEBOOK PAGE?

___ **Yes** ___ **No**

SIGN: _____