



Zion Lutheran Church

Summer Faith Explorers (VBS)

May 26-28, 2025

Meal at 5:30 PM; Activities begin at 6:00 PM

STUDENT REGISTRATION FORM

Contact: Sandra Anderson, (605) 225-6755 or Sandra.Anderson@nvc.net

(Please Print)

Child's Name _____

Child's Age _____ Child's Birthdate _____ Child's Grade (Fall 2025) _____

Parent/Guardian Name(s) _____

Address _____

Email _____ Mobile _____

Allergies or Special Needs _____

Child's Name _____

Child's Age _____ Child's Birthdate _____ Child's Grade (Fall 2025) _____

Allergies or Special Needs _____

Child's Name _____

Child's Age _____ Child's Birthdate _____ Child's Grade (Fall 2025) _____

Allergies or Special Needs _____

Child's Name _____

Child's Age _____ Child's Birthdate _____ Child's Grade (Fall 2025) _____

Allergies or Special Needs _____

EMERGENCY INFORMATION

Emergency Contact 1 _____ Phone _____

Emergency Contact 2 _____ Phone _____

Circle all the ways you'd like to be contacted:

Phone call

Text

Email

Snail mail

All

Parents are not required to attend the sessions of Summer Faith Explorers but are encouraged to stay and participate.

WAIVER OF PHOTO AND VIDEO

I give permission to Zion Lutheran Church to take pictures and/or video of my child during Confirmation and youth activities. These pictures or video may be used for promotional purposes or by classroom teachers. Promotional purposes may include posting on Zion's website or in the newsletter. Please note: children may be identified by full name unless indicated that you do not prefer this.

Parent/Guardian Signature _____ Date _____

MEDICAL INFORMATION

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give a representative of Zion Lutheran Church of Aberdeen, SD, permission to act on my behalf in seeking emergency treatment for my child. I give permission to those administering emergency treatment to do so using those measures deemed necessary to support the life of my child. I absolve the representative from Zion Lutheran Church of Aberdeen, SD, from all liability in acting on my behalf in this regard.

Parent/Guardian Signature _____ Date _____

Zion Lutheran Church • 1732 S Main St • Aberdeen, SD • (605) 225-6755

www.zionlutheranaberndeen.org