



Zion Lutheran Church  
**Summer Faith Explorers (VBS)**  
**May 26-28, 2026**

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

# STUDENT REGISTRATION FORM

**Contact:** Sandra Anderson, (605) 225-6755 or [zlcfaitlife@gmail.com](mailto:zlcfaitlife@gmail.com)

*(Please Print)*

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

Child's Age \_\_\_\_\_ Child's Birthdate \_\_\_\_\_ Child's Grade (Fall 2026) \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

Allergies or Special Needs \_\_\_\_\_

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

Child's Age \_\_\_\_\_ Child's Birthdate \_\_\_\_\_ Child's Grade (Fall 2026) \_\_\_\_\_

Allergies or Special Needs \_\_\_\_\_

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

Child's Age \_\_\_\_\_ Child's Birthdate \_\_\_\_\_ Child's Grade (Fall 2026) \_\_\_\_\_

Allergies or Special Needs \_\_\_\_\_

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

Child's Age \_\_\_\_\_ Child's Birthdate \_\_\_\_\_ Child's Grade (Fall 2026) \_\_\_\_\_

Allergies or Special Needs \_\_\_\_\_

## EMERGENCY INFORMATION

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Emergency Contact 1 \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Phone \_\_\_\_\_

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

Phone call

Text

Email

USPS mail

All

Parents are not required to attend the sessions of Summer Faith Explorers if children are Kindergarten or older 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.zionlutheranaberdeen.org](http://www.zionlutheranaberdeen.org)**