

# Register me for Mystery Island VBS!

Zephyr Christian Church 5940 Dogwood St, Zephyrhills, FL 33542 (813) 782-8893

FILL OUT ONE CARD PER CHILD

Child Name: \_\_\_\_\_  
Gender: Male  Female  Birth Date \_\_/\_\_/\_\_ Grade completed \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Parents/Guardian \_\_\_\_\_ Home phone \_\_\_\_\_  
Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Email \_\_\_\_\_

Emergency contact name: \_\_\_\_\_  
Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_  
Who can pick up your child?

\_\_\_\_\_  
Name of home church

\_\_\_\_\_  
Food allergies Y  N  List

\_\_\_\_\_  
Medical concerns Y  N  Explain

\_\_\_\_\_  
Names of other children attending (fill out a form for each child):

\_\_\_\_\_