

2009 Vacation Bible School - Registration Form

*Tressler Memorial Free Lutheran Church/Mt. Zion Lutheran Church
Vacation Bible School (Preschool to 6th Grade)
Tressler Memorial Free Lutheran Church
3581 Shermans Valley Road, Loysville, PA
June 14-19, 2009 (6:00 pm to 8:30 pm)*

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____ School Grade (fall 2009): _____

Emergency Contact: _____ Phone: _____

Mother: _____ Father: _____

Guardian: _____ Home Church: _____

Allergies or other Medical Conditions:

Siblings: _____

Medical & Liability Release - Valid (June 14 to June 19, 2009)

In the event of sickness or some medical emergency, I request that my child receive any medical attention or treatment deemed necessary, therefore I give permission to any hospital, doctor, and/or health care provider to transport, treat and/or admit care for my child. I understand that I am responsible for all expenses and charges for the treatment and care of my child. In the event that I am not present at the time of the emergency or cannot be contacted, my care has been entrusted to the staff and designated Ministry leadership of the Tressler Memorial Free Lutheran Church/Mt. Zion Lutheran Church.

Signature of Parent or Guardian: _____ Date: _____

Mail to: VBS Director
Melissa Wright
405 Greenbriar Road
Elliottsburg, PA 17024

One form per child, if you need additional forms, you may reproduce this one.
For more information, please call Melissa Wright 717-789-2176 or Edie Ruoss 717-789-9282

If you need transportation, please call the Landisburg/Loysville Free Lutheran Parish to make arrangements for a ride
at 717-789-4522