

Zion Evangelical Church 117 W. White St. Millstadt, IL 62260

zion@zionmillstadt.com

www.zionmillstadt.com

(618) 476-1778

2024 Millstadt Community Scuba Vacation Bible School

June 10th - 14th

Monday - Friday: 8:45 - noon

Closing Program at noon on Friday, June 14th

(more details to follow)

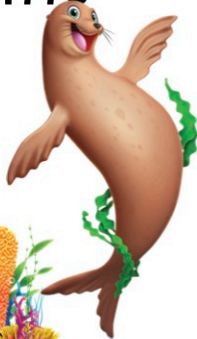
3 years of age thru 5th grade

Cost: \$15 first child; \$10 second child; \$5 for third child

New friends • Amazing experiments • Creative games • Super-fun snacks •
Surprising adventures • Incredible music

Water Slide on Friday!

***Pre-register by May 28th to receive a free Scuba VBS T-Shirt
Adult and Youth (6th grade and up) Helpers always Welcomed***



It would be very helpful to have this form returned to us as soon as possible to aid us in planning for VBS and to expedite registration on the first day. We're looking forward to having your child join us!

Parent(s): _____

Street: _____

City, State, Zip: _____

Relationship to child: _____

Phone: _____ Cell phone: _____ E-mail: _____

Second Contact Person, if any: _____ Relationship to child: _____

Phone of second contact: _____

Church affiliation, if any: _____

1. Child's name: _____ Tee Shirt Size: _____

Grade Completed: _____ Date of Birth: _____

My child would like to be with his/her friend: _____

Allergies/pertinent medical issues: _____

2. Child's name: _____ Tee Shirt Size: _____

Grade Completed: _____ Date of Birth: _____

My child would like to be with his/her friend: _____

Allergies/pertinent medical issues: _____

Available Shirt Sizes: YXS, YS, YM, YL, YXL, AS, AM, AL, AXL, A2X, A3X

Put additional children on back

3. Child's name: _____ Tee Shirt Size: _____

Grade Completed: _____ Date of Birth: _____

My child would like to be with his/her friend: _____

Allergies/pertinent medical issues: _____

4. Child's name: _____ Tee Shirt Size: _____

Grade Completed: _____ Date of Birth: _____

My child would like to be with his/her friend: _____

Allergies/pertinent medical issues: _____

5. Child's name: _____ Tee Shirt Size: _____

Grade Completed: _____ Date of Birth: _____

My child would like to be with his/her friend: _____

Allergies/pertinent medical issues: _____