

**ROLLING RIVER RAMPAGE VBS at HOLY TRINITY 2018 REGISTRATION FORM**

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**Child Info:** Please fill out this section on a separate form for each student you are enrolling.

**Child's First and Last name** \_\_\_\_\_

Date of birth \_\_\_\_\_ Grade completed \_\_\_\_\_ Age \_\_\_\_\_

**Allergies/Medical Information/Special Needs/Other**

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**T-shirt Size (Circle one):** Child Sm 6/8 Child Med 10/12 Child Lg 14/16 Adult Sm Adult Med Adult Lg

**Parent/Guardian Name** \_\_\_\_\_

**May we use photos of your child in a church presentation or promotional materials?**

Please circle: **YES** or **NO**

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**Family Info:** **You only need to fill out the section below once** for your family, if you are enrolling more than one student attach additional forms with child info only for each additional child.

**Street Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

**Phone Numbers (Preferred)** \_\_\_\_\_ (Mobile/Home/Work)

(Alternate) \_\_\_\_\_ (Mobile/Home/Work)

**Emergency Contacts**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Dismissal Information**

Name(s) of person(s) who may pick up child(ren) from VBS

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**Would you be willing to volunteer some time before or during VBS? YES or NO**  
(If yes, Lynnette will call your preferred phone # to give more info.)