

# ROLLING RIVER DAY CAMP

July 8-11, 2019 - 9 AM to Noon  
Grass Valley United Methodist Church  
236 South Church Street

Student's Name \_\_\_\_\_

Parent/Family/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Numbers - Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

## Age Information

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Last school grade completed \_\_\_\_\_

Home Church \_\_\_\_\_

Special Needs/Allergies (specify types)/Medical Information/Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contacts

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

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

## Dismissal Information:

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

\_\_\_\_\_

## Other Information (Church use only)

Group \_\_\_\_\_

Are parents/guardians/family members helping with VBS? \_\_\_\_\_

If yes, where? \_\_\_\_\_

(Please complete back side)

1. By completing this form, you allow GVUMC to use photos taken of you and your children at VBS in future promotional and publicity materials that will only be posted on the [gvumc.org](http://gvumc.org) website and inside the church. Thank you in advance for your participation.

Yes \_\_\_\_\_ No \_\_\_\_\_ Initials \_\_\_\_\_

2. I wish my child, \_\_\_\_\_ to participate in learning hand chimes. This will take place Monday, July 8 through Thursday, July 11 from 12:00 until 12:30 PM. I will pick up my child at 12:30 PM, or arrange for pick up at 12:30 PM.