



Family Information:

Parent Name (Last, First) Primary Contact Number
Street Address 2nd Contact Number
City State Zip Parent Email
Emergency Contact Name / Relationship Phone

Do you attend a church other than Holy Trinity Lutheran Church? Y / N
Name of Church

Participant Information:

1. Child's Name Gender Grade Entering Date of Birth\*\*

Other info: (E.g., Learning Style, Allergies, Medical Concerns, etc.)

Does your child have a friend with whom they wish to be placed? Y / N If so, who?
(We cannot guarantee placement with friends, but will do our best.)

2. Child's Name Gender Grade Entering Date of Birth\*\*

Other info: (E.g., Learning Style, Allergies, Medical Concerns, etc.)

Does your child have a friend with whom they wish to be placed? Y / N If so, who?
(We cannot guarantee placement with friends, but will do our best.)

3. Child's Name Gender Grade Entering Date of Birth\*\*

Other info: (E.g., Learning Style, Allergies, Medical Concerns, etc.)

Does your child have a friend with whom they wish to be placed? Y / N If so, who?
(We cannot guarantee placement with friends, but will do our best.)

Please complete both pages of this form! \*\*Pre-K students must be turning 4 by September 30, 2017
Complete this form, print, sign and return with payment (\$25 per child - checks made payable to HTLC with "VBS" in the memo section) to:
Holy Trinity Lutheran Church VBS
605 West Market Street
Leesburg, VA 20176

**Participant Information, Continued:**

4. \_\_\_\_\_  
Child's Name Gender Grade Entering Date of Birth\*\*

Other info: (E.g., Learning Style, Allergies, Medical Concerns, etc.)

\_\_\_\_\_

\_\_\_\_\_

Does your child have a friend with whom they wish to be placed? Y / N If so, who? \_\_\_\_\_  
(We cannot guarantee placement with friends, but will do our best.)

5. \_\_\_\_\_  
Child's Name Gender Grade Entering Date of Birth\*\*

Other info: (E.g., Learning Style, Allergies, Medical Concerns, etc.)

\_\_\_\_\_

\_\_\_\_\_

Does your child have a friend with whom they wish to be placed? Y / N If so, who? \_\_\_\_\_  
(We cannot guarantee placement with friends, but will do our best.)

**Running a successful VBS program requires the help of many people.** Please look through the list below and mark those areas where you feel you could share your gifts.

- Craft Leader / Assistant
  - Story Teller / Assistant
  - Snack Leader / Assistant
  - Recreation Leader / Assistant
  - Nursery Leader / Assistant
  - Office Assistant
  - Crew Assistant (Middle School students or older)
  - Crew Leader (Primarily Adults or High School Students)
- Crew Leaders are responsible for leading a group of children throughout their day.  
No Preparation is needed, other than the training session.*



**By Signing below, I agree to the following permissions:**

**VBS staff will administer basic first aid. If a child becomes ill, parents will be notified, and are expected to arrange for their sick child to be picked up from VBS. In the case of an emergency, VBS staff will contact emergency services and all expenses for such will be handled by the parent signed below.**

**VBS leaders have permission to photograph / video the minor(s) designated on this form for any lawful purpose associated with this VBS Program. Photos may be used in the building, on the HTLC Website, and in electronic media communications. Please request an image use opt-out form from the Christian Education office you do not want your child(ren)'s image to be used in these venues.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete both pages of this form!      \*\*Pre-K students must be turning 4 by September 30, 2017**

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