



The Lutheran Church of the Holy Spirit
Vacation Bible School Registration Form
June 24 – June 28, 2019
9:15 am – 12:00 pm
Registration: \$15 per child/ \$40 maximum per family

Child's Name: _____ / / _____ Sex: M or F
(birthdate)

Age (must be age 3 by December 2018 and toilet trained): _____ School grade just completed: _____

Name of one special friend your child might like to be with (similar age): _____

Parents Name(s): _____

Address: _____

Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Home Church: _____

Emergency Contact: _____ Phone: _____

Name (s) of Person (s) who may pick up this child from VBS: _____

Special Needs/Allergies: _____

PARENTS: The success of VBS at the Lutheran Church of the Holy Spirit depends on volunteers. We would appreciate your help with VBS! PLEASE INDICATE YOUR PREFERENCES BELOW: (If you have a conflict on a certain day, please indicate that below.)

_____ Classroom Assistant	_____ Storytelling	_____ Games
_____ Nursery Care	_____ Music	_____ Crafts
_____ Decorations	_____ Snack donation	_____ Snack Prep
_____ Set Up/Take Down	_____ Where needed	

While you volunteer, will you need childcare (nursery) for your child(ren) age 3 and under? Please list names/ages: _____

Please return this form (both sides completed) and registration fee by **June 10** .



The Lutheran Church of the Holy Spirit
Attn: Karin Kahler
3461 Cedar Crest Blvd.
Emmaus, PA 18049

Checks are to be made payable to: The Lutheran Church of the Holy Spirit

The Lutheran Church of the Holy Spirit

3461 Cedar Crest Blvd. Emmaus, PA 18049

610.967.2220

Permission Form

Child's Name: _____

Parent/Guardian Name(s): _____

Medical Liability Release

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, and/or health provider to transport, treat and/or admit for care of 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 child's care has been entrusted to the staff and designated ministry leadership of The Lutheran Church of the Holy Spirit.

Parent/Guardian Signature

Date

Photos of Event

Please check YES or NO for each option

Yes

No

I give permission to The Lutheran Church of the Holy Spirit to display photographs taken during Vacation Bible School within the church facility.

Yes

No

I give permission to The Lutheran Church of the Holy Spirit to use my child's photograph in print publications, online publications, websites, and social media. I also give permission to the news media (usually local newspapers) to take photographs or film during Vacation Bible School. I allow the use of my child's name in print media. This permission to use images is valid until my child turns 18 or is revoked by me in writing.

Parent/Guardian Signature

Date

