

The Lutheran Church of the Holy Spirit  
Vacation Bible School Registration Form  
June 22 – June 26, 2020  
9:15 am – 12:00 pm



Registration: **Free (Covered by the Will Wotring Endowment)**

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

Age (must be age 3 by December 2019 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: \_\_\_\_\_

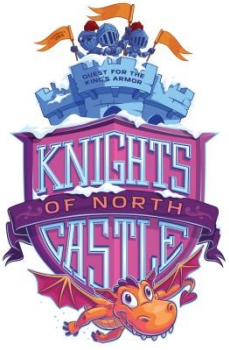
PARENTS: The success of VBS at the Lutheran Church of the Holy Spirit depends on volunteers. We would appreciate your help with VBS! PLEASE INDICATE YOUR PREFERENCES BELOW: (If you have a conflict on a certain day, please indicate that below.)

_____ 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 8 . Late registrations are accepted as space and materials permit.**

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



# 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*

