

**CHURCH OF THE HOLY SPIRIT
2018 VACATION BIBLE SCHOOL
Shipwrecked "Rescued by Jesus"
JUNE 18-22 5:30 – 8:00 PM**



Registration Fee: 1st child - \$25; \$20 each add'l child (from same family)

CHILD'S NAME _____ AGE _____ BIRTH DATE _____ GRADE COMPLETING _____
GENDER M F (circle one)

**In the event that we purchase T-shirts this year, please list your child's size (Youth or Adult S M L): _____

**Vacation Bible School is open to children 4 years old up to those finishing Fifth Grade.
We are looking for Youth finishing 6TH Grade and older to be Youth Aides.
Adult Volunteers and Aides are also needed – see back of form to Sign up!**

PARENT OR GUARDIAN _____

ADDRESS _____
(Street, City, State, Zip)

PHONE _____ (Home) _____ (Cell) CHURCH CHILD ATTENDS _____

Email Address of Parent (print clearly): _____

*****VBS REGISTRATION FORM AND PAYMENT DUE MAY 31*** (Space is limited)**

WE ARE SORRY, BUT REGISTRATION CAN NOT BE ACCEPTED THE WEEK OF VBS

****EXTRA VBS FORMS AVAILABLE IN THE SOCIAL HALL ****

***A SEPARATE REGISTRATION FORM MUST BE FILLED OUT FOR EACH CHILD*
YOU WILL NOT RECEIVE WRITTEN CONFIRMATION OF YOUR REGISTRATION.
IF YOU HAVE QUESTIONS PLEASE LEAVE A MESSAGE AT 838-3369 EXT. 5**

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME _____ PHONE _____ RELATIONSHIP _____

In case of accident or serious illness, I request that Holy Spirit Parish contact me (or the person named above). If the Parish is unable to reach me, I hereby authorize the Parish to make whatever arrangements seem necessary. I authorize EMERGENCY MEDICAL TREATMENT to be given to my child.

SIGNATURES OF PARENT(S) / GUARDIAN(S) _____

ANY ALLERGIES? _____

MEDICAL INSURANCE CARRIER _____

POLICY OR HOSPITALIZATION NUMBER _____

ANY LIMITING PHYSICAL CONDITION? _____

ANY PRESCRIBED MEDICATIONS TAKEN ROUTINELY? (Please list) _____

ANY ADDITIONAL SPECIAL NEEDS? _____

Please check here _____ if you can donate snacks. (we will let you know what to bring.)

EMAIL ADDRESS: (Please Print CLEARLY) _____

PLEASE TURN PAGE OVER TO VOLUNTEER AND SIGN

*****EVERY FAMILY SHOULD PLAN TO VOLUNTEER IN SOME WAY BEFORE OR DURING VBS*****

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PARENTS AND YOUTH- Our Vacation Bible School is run by VOLUNTEERS like you! ☺

Please sign up to help...

ADULT VOLUNTEER _____ **PHONE** _____ (h) _____ (c)

**In the event that we purchase T-shirts this year, please list your ize (Adult S M L XL): _____

ALL VOLUNTEERS OVER 17 YEARS OLD HAVING ONGOING CONTACT WITH OUR CHILDREN MUST HAVE PROPER CLEARANCE CHECKS AND TAKE THE YOUTH PROTECTION ONLINE TRAINING

I have/do not have current background clearances and have/have not done the online training.
(circle one) (circle one)

I AM AVAILABLE THESE DAYS : _____

I CAN HELP IN: _____ **LEADING GROUPS** _____ **CRAFTS** _____ **GAMES** _____ **OPEN AND CLOSE VBS** _____

_____ **ASSEMBLY LEADER** (Works with 10-11 year olds, teaches their Bible lesson & organizes the puppet show they do)

_____ **DECORATING** _____ **SNACK AREA** _____ **FRIDAY'S ICE CREAM SOCIAL** _____ **HALL MONITOR**
(Youth Protection not req'd) (Youth Protection not req'd)

****YOUTH VOLUNTEER** _____ **GRADE COMPLETING** _____ (6th – 11th)

**In the event that we purchase T-shirts this year, please list your child's size (Youth or Adult S M L XL): _____

Home Phone _____ **Parent Cell Phone** _____ **AGE AS OF JUNE 19, 2018** _____

I AM AVAILABLE THESE DAYS (circle at least 3): Monday Tuesday Wednesday Thursday Friday

I CAN HELP IN: _____ **LEADING GROUPS** _____ **CRAFTS** _____ **GAMES** _____ **HALL MONITORING**

_____ **SNACK ARE** _____ **DECORATING** _____ **OTHER (specify)** _____

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CONSENT TO BE PHOTOGRAPHED

Parent/guardians of participants are advised that photograph or videotape of participants may be used in publications, websites or other materials produced from time to time by the Church of the Holy Spirit or the Diocese of Harrisburg. (participants would not be identified, however, without specific written consent) Parents/guardians who do not wish their child(ren) to be photographed or filmed should so notify the Church in writing. Please note that the Church has no control over the use of photographs or film taken by media that may be covering the event in which your child(ren) participate(s).

Signature: _____ **Date:** _____

For Office Use:

Date Received _____

Amount Received _____ Check # _____ Cash _____ Received by _____