

Highland Presbyterian Church  
1011 Cherokee Rd, Louisville 40204

# CHANGEMAKERS LAB

## Vacation Bible School

Monday, June 26 – Thursday, June 29

Hours 9:00 -12:00 (drop off begins at 8:50am)

Cost \$20



### All Children Welcome:

From potty-trained 3-year-olds to rising 6th graders

Registration Deadline is June 4<sup>th</sup>

Welcome to *Changemakers Lab*, an interactive Vacation Bible School where children learn that everyone can make a difference in the world! Through worship and drama, Bible study, STEAM activities (science, technology, engineering, art, math), and active games, children are invited to see and experience the transforming love of God. Grounded in God's love, children can use their unique gifts to make a difference wherever they go!

**We rely on volunteers to make VBS a success!** Please let us know your plans for volunteering by checking a volunteer option on the registration form! Childcare will be available for volunteers with children too young for VBS. Adult volunteers must have a background check on file at HPC (completed in the past two years). If yours isn't up-to-date, we'll send you the form to fill out. There is no fee associated with the background check.

Please turn in one registration form for your family **as well as an emergency medical form for each child** participating. (The medical form is not necessary if the child already has one on file for this year at Highland!) Please return completed registrations by June 1st to:

Highland Presbyterian Church c/o Kathleen Poole  
1011 Cherokee Rd  
Louisville KY 40204

### Questions?

Contact Rhonda Hibdon, Interim Director  
of Children's Ministries  
[rhonda.hibdon@hpclouisville.org](mailto:rhonda.hibdon@hpclouisville.org)

Highland Presbyterian Church

**Vacation Bible School**

**June 26-29, 2023**

**REGISTRATION FORM**

Parent Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email: \_\_\_\_\_

<b>Child's Name</b>	<b>Age</b>	<b>Grade 2022-2023 School Year</b>	<b>Peer Your child may wish to have in their group</b>

**Please check all that apply:**

\_\_\_ I am willing to volunteer every day during VBS (6/26 – 6/29) from 8:30-12:00

\_\_\_ I am willing to volunteer during VBS on (circle):  
Mon. 6/26    Tues 6/27    Wed 6/28    Thu 6/29

\_\_\_ I am willing to help with set-up on Sunday afternoon 6/25

\_\_\_ I am willing to help with clean-up on Thursday afternoon 6/29

\_\_\_ I am willing to prepare materials before VBS

CONSENT FOR EMERGENCY MEDICAL TREATMENT  
For Events Sponsored by Highland Presbyterian Church  
1011 Cherokee Rd. Louisville, KY 40204

Please complete this page for the family information (only 1 copy needed per family) and an additional children's information page for each child.

Child(ren)'s last name \_\_\_\_\_

Family Information:

1<sup>st</sup> Parent/Guardian

Name: \_\_\_\_\_

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

Address \_\_\_\_\_  
(city) (state) (zip)

Cell Phone: \_\_\_\_\_ Other pertinent phone #'s \_\_\_\_\_

2<sup>nd</sup> parent/Guardian

Name: \_\_\_\_\_

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

Address \_\_\_\_\_  
(If different) (city) (state) (zip)

Cell Phone: \_\_\_\_\_ Other pertinent phone #'s \_\_\_\_\_

If you cannot be reached, who would should we notify in the case of illness or accident to your child(ren)?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Please provide the following information:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Policy holder: \_\_\_\_\_

Please sign below to allow photographs of your child taken during church-sponsored activities to be posted on our website or in our newsletter. A name will not be attached to your child's photograph.

**Child information** (please complete one page per child)

Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Child's Cell # \_\_\_\_\_

Child's E-mail: \_\_\_\_\_ 2022-2023 grade: \_\_\_\_\_

Is the child up-do-date on all immunizations? \_\_\_\_\_ If not, which ones are not up-do-date?

Is the child fully vaccinated against the corona virus? \_\_\_\_\_ If yes, date of 2<sup>nd</sup> shot is \_\_\_\_\_

Current Medications: \_\_\_\_\_

Medical Conditions and current treatment: \_\_\_\_\_

Food/Environmental Allergies: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Restrictions on your child's activities that HPC staff should be aware of: \_\_\_\_\_

Any previous injury or surgeries that HPC staff should be aware of: \_\_\_\_\_

Medications will be given to children only if they are provided by the parents with written instructions or if the specific medication is listed below. Please list other medications that we may give to your child:

\_\_\_\_\_ Please initial here if HPC staff and volunteers have permission to give your child any over-the-counter medication we feel is necessary or appropriate.

Child's Regular physician: \_\_\_\_\_ Physician's phone #: \_\_\_\_\_

**EMERGENCY TREATMENT AUTHORIZATION:** In case of a medical emergency involving the child listed above, I request the doctor/dentist/hospital staff to contact me (or my spouse) at the numbers provided. I also grant written permission to medical personnel to release information about my child's condition as well as any current or prior medical conditions to any member of the Highland Presbyterian Church Staff. Furthermore, in the event that a parent or guardian cannot be reached, I grant written permission to any member of the Highland Presbyterian Church Staff or volunteer to authorize the appropriated medical/dental/hospital personnel to render emergency medical or dental care as deemed appropriate.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

\_\_\_\_\_  
witness

\_\_\_\_\_  
signature (of 2nd parent - optional)

\_\_\_\_\_  
date

\_\_\_\_\_  
witness

UNLESS CANCELLED IN WRITING, THIS CONSENT IS VALID FROM AUGUST 1, 2022 THROUGH AUGUST 31, 2023.