Highland Presbyterian Church 1011 Cherokee Rd, Louisville 40204

CHANGEMAKERS LAB

Vacation Bible School

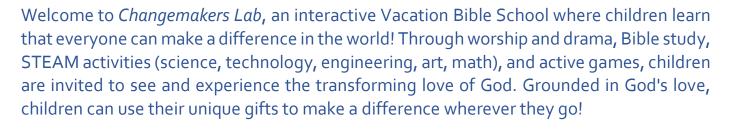
Monday, June 26 – Thursday, June 29

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





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



Highland Presbyterian Church

Vacation Bible School June 26-29, 2023

REGISTRATION FORM

| Parent Name: | | | Cell Number: | | |
|--|-----------|------------------------------------|--|--|--|
| Email: | | | | | |
| Parent Name: | | | Cell Number: | | |
| Email: | | | | | |
| Child's Name | Age | Grade 2022- 2023 School Year | Peer Your child may wish to have in their group | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Please check all that apply: | | | | | |
| I am willing to volunteer eve | ery day d | luring VBS (6/2 | 26 – 6/29) from 8:30-12:00 | | |
| I am willing to volunteer dur Mon. 6/26 Tues 6/27 | _ | |) | | |
| I am willing to help with set- | up on S | unday afterno | on 6/25 | | |
| I am willing to help with clea | an-up on | Thursday afte | ernoon 6/29 | | |
| I am willing to prepare mate | rials bef | ore 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: | | | | | |
| 1st Parent/Guardian | | | | | |
| Name: | | | | | |
| E-mail Address: | | | | | |
| Address | | | (,,,) | (:) | |
| | | (city) | (state) | (zip) | |
| Cell Phone: | Other pertinen | t phone #'s _ | | | |
| 2 nd parent/Guardian | | | | | |
| Name: | | | | | |
| E-mail Address: | | | | | |
| Address | | | | | |
| (If different) | (city) | | ate) (zip) | | |
| Cell Phone: | Other pert | inent phone i | #'s | | |
| If you cannot be reached, who would should | d we notify in th | ne case of illn | ess or accio | dent to you | r 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: | |
| | all immunizations? | | are not up-do-date? |
| | l against the corona virus? _ | | shot is |
| Current Medications: | | | |
| | rrent treatment: | | |
| | gies: | | |
| Drug Allergies: | | | |
| | s activities that HPC staff sho | | |
| Any previous injury or surg | geries that HPC staff should | be aware of: | |
| Medications will be given t | o children only if they are pid below. Please list other m | rovided by the parents | with written instructions or if the |
| Please initial medication we feel is neces | | teers have permission t | to give your child any over-the-counter |
| Child's Regular physician: | | _ Physician's phone #: | |
| | | | involving the child listed above, I numbers provided. I also grant |

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.