



## 2008 Vacation Bible School Registration Form

<p><b>Vacation Bible School</b></p> <p><b>Mon, June 23<sup>rd</sup> through Thur, June 26<sup>th</sup></b>  <b>5:45 p.m. – 8:15 p.m.*</b>  <b>For Grades K-4</b> (2008/09 school year)  <b>\$15 per child for the week</b></p> <p><i>Checks payable to: Church of the Holy Spirit  3345 Lexington Road, Louisville, KY 40206  Attention: Eileen Walsh</i></p>	<p><b>“Go Make a Difference”</b></p> <p><b>Mon, June 23<sup>rd</sup> through Thur, June 26<sup>th</sup></b>  <b>5:45 p.m. – 8:15 p.m.*</b>  <b>For Grades 5-8</b> (2008/09 school year)  <b>\$15 per child for the week</b></p> <p><i>Checks payable to: Church of the Holy Spirit  3345 Lexington Road, Louisville, KY 40206  Attention: Eileen Walsh</i></p>
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**Please complete this form and return with your payment to the Ministry Center by May 31, 2008!**

### Vacation Bible School For Grades K through 4<sup>th</sup>

Last Name: \_\_\_\_\_ Parent(s) First Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_  
*(Home)*
*(Mother's cell)*
*(Father's cell)*

Address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ 2008/09 Grade: \_\_\_\_\_ Allergies/Disabilities: \_\_\_\_\_

Child's Name: \_\_\_\_\_ 2008/09 Grade: \_\_\_\_\_ Allergies/Disabilities: \_\_\_\_\_

### “Go Make A Difference” For Grades 5<sup>th</sup> through 8<sup>th</sup>

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ 2008/09 Grade: \_\_\_\_\_ Allergies/Disabilities: \_\_\_\_\_

### Nursery (Your infant/toddler children who will attend the nursery) Available for Volunteers ONLY!

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

### Emergency Information (Please fill out for each child attending and for each youth volunteer attending):

If my child /youth becomes ill or is injured while attending Vacation Bible School, please call:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize the staff of Church of the Holy Spirit to seek emergency medical care for my child as deemed appropriate. Our

doctor is: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_