

# Holy Spirit Parish Vacation Bible School



June 20 - 22 (Tuesday - Thursday), 2023  
9-Noon, Parish Center, ages 4 years-6<sup>th</sup> grade

## Registration Form

Middle or high school age helpers please fill out "Staff & Helper Registration Form" instead of this one

Mail, e-mail or drop off completed registration form to:

Holy Spirit Parish Office of Religious Education 3 EAST WALNUT STREET, LOCK HAVEN, PA 17745  
570-748-7303; [tnesbitt@dioceseaj.org](mailto:tnesbitt@dioceseaj.org)

Student name(s): \_\_\_\_\_

Birth date(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

Grade(s) finishing now: \_\_\_\_\_

Do(es) your child(ren) attend church? \_\_\_\_\_ Where? \_\_\_\_\_

Parents' Names: \_\_\_\_\_

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

Parent e-mail address: \_\_\_\_\_

Allergies and medical concerns: \_\_\_\_\_

Before listing Emergency Contact information, please confirm that they will be available for the duration of VBS.

**Emergency Contact's name:** \_\_\_\_\_

**Emergency Contact's relationship to child:** \_\_\_\_\_

**Emergency Contact's number(s):** \_\_\_\_\_

**List all those who you allow to pick up your child each day. We will be checking IDs if we do not know the individual.**

\_\_\_\_\_

If anyone else other than the name (s) listed above will be picking your child up, you must send a note that day.

**\*\*Please fill out photo authorization form on next page/back of this one\*\***

## HSP VBS Photo Authorization Form

Holy Spirit Parish - Diocese of Altoona -Johnstown  
3 E. Walnut St., Lock Haven, PA 17745

This authorization form shall serve a parental permission for the use of name and/or photo of your child(ren) for such things as newspaper articles (LH Express or Catholic Register), HSP VBS publications, creation of VBS video or DVD, and VBS posters which may be displayed in St. Agnes or IC Churches. Photos may appear on HSP website only. Photos will not be posted on You Tube, Face Book or any other form of social media by any VBS or HSP Staff. All photos taken will be for HSP use ONLY!

**"I grant my permission to HOLY SPIRIT PARISH to use my child's name and/or photo in the production of the above mentioned uses. I understand that if, for any reason, at any time, I decide to revoke this agreement - I will notify the DRE immediately in writing. All references to my child will be removed and no longer used. I further understand that my child's name and/or photo may continue to be used in any publication already printed or published prior to my revocation of the consent."**

*Printed name of child(ren) and date(s) of birth:*

---

---

---

---

*Parent or Guardian Signature:*

---

*Date :* \_\_\_\_\_