



# Vacation Bible School Parish of the Holy Spirit June 22-26, 2026



Name of Parent(s): \_\_\_\_\_ Phone: \_\_\_\_\_

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

Parish / Home Church: \_\_\_\_\_ Email: \_\_\_\_\_

**PRE-SCHOOL REGISTRATION** (MUST be 4 or 5 years old by June 1, 2026)

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
First Last

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
First Last

**ELEMENTARY REGISTRATION** (Last grade [K-5] during 2025-2026 school year)

Child's name: \_\_\_\_\_ Grade past year: \_\_\_\_\_  
First Last

Child's name: \_\_\_\_\_ Grade past year: \_\_\_\_\_  
First Last

Child's name: \_\_\_\_\_ Grade past year: \_\_\_\_\_  
First Last

- **We will provide:** \_\_\_ 1 dozen cookies per family **OR** \_\_\_ supply specific snack item for themed treats
- **A Parental Health and Liability Form (attached) must be completed for each child UNLESS it is on file from the 2025-2026 Religious Education year. Extra forms are available at the Parish office, or the form may be duplicated.**

### WE LOVE OUR VOLUNTEERS!

I/we would be willing to help: \_\_\_ Crew Leader \_\_\_ Preschool \_\_\_ Clean Up  
\_\_\_ Kitchen \_\_\_ Registration \_\_\_ where ever needed!

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



ALLERGIES, MEDICAL CONDITIONS OR SPECIAL NEEDS: \_\_\_\_\_

IN CASE OF EMERGENCY, CONTACT: Name: \_\_\_\_\_ Number: \_\_\_\_\_

# Join us for Parish of the Holy Spirit's Vacation Bible School

## *Rainforest Falls* June 22-26, 2026

Who is ready to explore the nature of God? If that sounds like fun, you had better sign up for our Vacation Bible School Rainforest Falls summer event! Here, kids will encounter the fertile truth of the meaningful, life-changing characteristics of God, our loving Creator who knows us and will love us forever. You can expect a week full of faith discoveries, memorable music, and epic adventures that helps kids grow in friendship with Jesus. We recommend that you come prepared to get a little messy so wear play clothes and safe shoes to play games in. Be prepared to look for God in our everyday lives as we see evidence of our Creator in everything!

Preschoolers will gather in our Paradise Preschool, Room 6, and elementary children will meet in our PCC Hall with their small group with other children who have finished kindergarten through grade 5. These Crews are led by adults and teens who love working with children and helping them grow in faith. Your child will have many opportunities to make new friends and interact with other children in their crew.

**DATES:** Monday, June 22– Friday, June 26

**TIME:** 1:00 - 4:00 p.m.

**AGES:** Preschool– ages 4\* & 5  
\*Must be 4 by June 1st & potty trained  
Kindergarten- 5th grade in 2025-2026 school yr

**COST:** \$35 per child, \$80 for 3 or more children in the same family

**BRING:** 1 light colored T shirt per child (pre-washed)  
**AND** either 1 dozen cookies **OR** be called for specific themed snack item

**HOW TO REGISTER:** 1. Forms: Registration & Liability\*  
\*(if not in Religious Ed class 2025-26)

2. Include Payment

3. Mail to: Parish of the Holy Spirit  
7411 W. Clearwater Ave Ste. A  
Kennewick, WA 99336

**OR** Place in collection Basket marked **VBS**



**REGISTER BY JUNE 12th**

**Space is limited & fills up fast**



**Reminder:** For safety, please walk your child into the building to the assigned meeting place: PCC Hall for elementary, Room 6 for Preschool.

**QUESTIONS?:** Call Karen (509) 735-8558 or karen@holyspiritkennewick.org

**PARENTAL/GUARDIAN MANDATORY HEALTH FORM AND LIABILITY WAIVER**  
**Diocese of Yakima and the Parish of the Holy Spirit**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_ Sex \_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

**EMERGENCY CONTACT PERSON:**

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

**ALTERNATE CONTACT PERSON:** (use someone near the primary contact)

Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

\*\*\*\*\*

I, \_\_\_\_\_, permit \_\_\_\_\_ to take part in classes, youth activities, field  
Print parent/guardian name Print student name

trips, and other activities sponsored by the Parish of the Holy Spirit, Kennewick, WA, whether said function is held in the city of Kennewick or out of town. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor student. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Parish of the Holy Spirit, its teachers, its officers, directors & agents, and the Diocese of Yakima, chaperones or representatives associated with any of the above mentioned activities, arising from or in connection with my child attending the activity or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Yakima, chaperones, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith. I give permission to use photos or videos of my child taken during program activities for future program promotion purposes.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

*Emergency Medical Treatment:* In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact the "Alternate Contact Person" I have listed above.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

Family Physician name and phone \_\_\_\_\_

Specific Medical Information: *\*The parish will take reasonable care to see that the following information will be held in confidence.*

Medications presently taking: \_\_\_\_\_

Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Allergic reactions (medications, plants, insects, etc.): \_\_\_\_\_

Any physical limitations: \_\_\_\_\_

Other information regarding your child's physical, medical, or emotional well-being which will help us to best meet his/her needs: \_\_\_\_\_