

**PARISH OF THE HOLY SPIRIT PRESENTS:**



**“ROCKY RAILWAY” – JUNE 21-25, 2021**

Welcome to ROCKY RAILWAY Totally Catholic VBS, where kids discover Jesus' power can pull them through life's ups and downs. The week will be filled with incredible Bible-learning experiences kids see, hear, touch, and even taste! Sciency-Fun Gizmos™, COVID safe team-building games, cool Bible songs, and tasty treats that will be sent home are just a few of the standout activities that help faith flow into real life. (Since everything is hands-on, kids might get a little messy. Be sure to send them in play clothes and safe shoes.) Plus, we'll help kids discover how to see evidence of God in everyday life—something we call God Sightings.

In order to keep our inside numbers within the requirements, drop-off and pick-up will take place outside at the grass field. All participants will be required to wear masks and observe appropriate social distancing. Please send a water bottle labeled with your child's name. Unfortunately, we will not be able to invite parents and grandparents to join us for the closing this year.

**Dates:** Monday, June 21 through Friday, June 25

**Pre-school:** 9:30 am to 11:30 am. Open to children ages 4 and 5 (*by June 1<sup>st</sup> and must be potty trained*)

**Elementary:** 1:30 pm to 3:45 pm. Open to children who were in Kindergarten through 5<sup>th</sup> grade during the 2020/2021 school year (*please register your child(ren) for the grade level just completed*)

**Cost:** \$25 per child or \$60 for 3 or more children  
**Plus** one white or light colored T-shirt (pre-washed) per child to be brought the first day

To enroll, please bring or mail the registration form and payment in an envelope marked "ROCKY RAILWAY" to Parish of the Holy Spirit, 7409 W. Clearwater Avenue, Kennewick, WA 99336, by **JUNE 15<sup>TH</sup> BUT...**

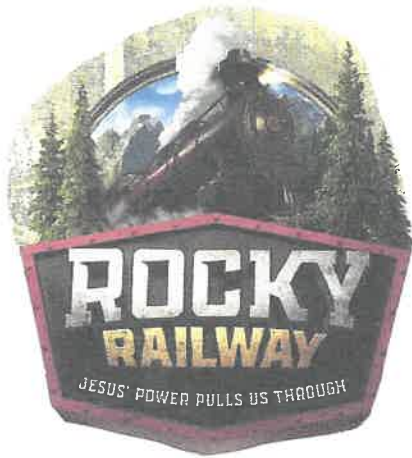
**Due to COVID restrictions, registration will be limited. Children will be enrolled on a first come, first serve basis. Register early to avoid disappointment!**

**REMINDER:** drop-off and pick-up will take place outside at the grass field.



**QUESTIONS? Call Pat at 735-8558 (church)**





**NOTE:** Due to COVID restrictions:  
Pre-School meets 9:30-11:30 am  
Elementary meets 1:30-3:45 pm

**at Parish of the Holy Spirit, June 21-25, 2021**

Name of Parent(s) \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell phone: \_\_\_\_\_

\_\_\_\_\_ Work phone: \_\_\_\_\_

Parish or home church: \_\_\_\_\_

Person responsible for drop-off/pick-up, if other than parent(s):  
\_\_\_\_\_ Phone: \_\_\_\_\_

**PRE-SCHOOL REGISTRATION** (*MUST be 4 or 5 years old by June 1, 2021*)

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

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

**REGISTRATION FOR ELEMENTARY CHILDREN** (*List grade [K-5] during 2020-2021 school year*)

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

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

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

I/we would be willing to help as/with:  Crew Leader  pre-school  kitchen  
 registration  decorations  photography  where needed

**IF a Parental Health and Liability Form (enclosed) was completed and filed for the 2020-2021 Religious Ed year, you do NOT need to complete a new one. If, however, there is not one on file for each child being registered, please complete. Extra forms are available at the Parish office, or the form may be duplicated.**

**Cost is \$25 per child or \$60 maximum for 3 or more children in the same family. Please include payment with registration. If payment is a problem, talk to Pat Moore.**

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

Please print

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

**EMERGENCY CONTACT PERSON:**

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Work Phone \_\_\_\_\_ 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 \_\_\_\_\_

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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** \_\_\_\_\_

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**Insurance information:** Family Physician name and phone \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

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

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

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

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