2017 Vacation Bible Camp Registration Form - for Children Entering Grades 1-6

Please complete one form for each child - the fee is $75 per child

Child's Name:

Birthdate: Age: Grade in September: Tee Shirt Size: Youth / Adult — Small, Medium, Large, Adult XL

Parent/Guardian Information

Name: Relationship to Child:

Address:

Home Phone: Work Phone: Cell Phone:

E-Mail:

Emergency Contact Information (*other than above*)

Name: Phone:

Physician: Phone:

Health Information

Special Needs*: Yes No

If yes, please explain:

* for example: food allergies, health or behavior concerns such as asthma, diabetes, epilepsy, physical challenges, ADD, ADHD, *etc*

Releases:

May we have permission to photograph your child? Yes No

I understand my child will be given first aid in an emergency.

Parent Signature: _____

Medication Information

Does your child take prescription or non-prescription medications on a regular basis?

Yes No

If yes, please state the medication and reason:

Adults Authorized to Pick Up Your Child from Vacation Bible Camp:

Name:

Name:

Financial Concerns:

Call Sr. Cora or Father Sorgie at 961-3643

Registration form(s) and payment should be brought or mailed to the

Immaculate Conception Rectory: 53 Winter Hill Rd, Tuckahoe, NY 10707