

PLEASE MARK A SELECTION
NEW CAMPER

RETURNING CAMPER

Vacation Bible Camp 2018

Registration Form Grades K-5th

(Confidential form)

Web: www.johnpaulgreatparish.com E-mail: johnpaulgreatreligioused@gmail.com Phone: (860) 307-2291

Child's Name _____

Age _____ Last grade completed _____ Date of birth ____/____/____ Gender: M F

Parent/Guardian: Name _____

Phone (_____) _____ Cell (_____) _____

Child's Street Address _____

City/State/Zip _____

E-mail address: _____

Are there any youths in grades 6th+ in the household interested in being Camp Leaders? YES NO

Name(s): _____ Grade: _____ Age: _____ Cell#: _____

Are there any medical conditions, special needs, or allergies that we should be made aware of? _____

If so, please explain _____

List any medications that must accompany your child? _____

**Please be sure to give any medication directly to Jen Owens.*

In the event of an emergency and I cannot be reached, I hereby give permission to transport my child to a hospital or medical facility and to seek medical attention.

Emergency Contact _____ Relationship _____

Phone (_____) _____ Cell (_____) _____

Person responsible for picking up child at end of each VBS day _____

As parent and/or legal guardian, I remain legally liable for any actions or damage made by the above named minor. I agree on behalf of myself, my child named herein, our heirs, successors and assigns to hold harmless and defend the Saint John Paul the Great Parish (Sacred Heart, St. Francis, St. Mary and St. Peter) its officers, directors, agents, employees, representatives associated with this event from any and all liability claims, loss or damage arising from or in connection with my child attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith.

By filling out this Registration form you are giving us permission to take class picture of your child to post on our website, Facebook page, in the church vestibule and all online sites affiliated with our program unless you contact us.

Signature of Parent _____ Date ____/____/____

DROP OFF OR MAIL REGISTRATION AND PAYMENT TO THE PASTORAL CENTER

St. John Paul the Great Pastoral Office 160 Main St., Torrington, CT 06790 **ATTENTION: Jen Owens**

Checks payable to: St. John Paul the Great Parish. Registration fee \$25.00 per child. Please write child (rens) names on the memo part of the check.

For additional children, complete the reverse side of the form.

Child #2 **NEW CAMPER** **RETURNING**

Child's Name _____

Age _____ **Last grade completed** _____ **Date of birth** ___/___/___ **Gender:** M F

Are there any medical conditions, special needs, or allergies that we should be made aware of? _____

If so, please explain _____

List any medications that must accompany your child? _____

**Please be sure to give any medication directly to Jen Owens.*

Child #3 **NEW CAMPER** **RETURNING**

Child's Name _____

Age _____ **Last grade completed** _____ **Date of birth** ___/___/___ **Gender:** M F

Are there any medical conditions, special needs, or allergies that we should be made aware of? _____

If so, please explain _____

List any medications that must accompany your child? _____

**Please be sure to give any medication directly to Jen Owens.*

Child #4 **NEW CAMPER** **RETURNING**

Child's Name _____

Age _____ **Last grade completed** _____ **Date of birth** ___/___/___ **Gender:** M F

Are there any medical conditions, special needs, or allergies that we should be made aware of? _____

If so, please explain _____

List any medications that must accompany your child? _____

**Please be sure to give any medication directly to Jen Owens.*