

Date: August 5-9
Time: 4:30-8:00 p.m.
Location: Sacred Heart

Vacation Bible Camp 2019

Registration Form Grades K-5th

Confidential Form

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

Please make a selection New Camper Returning Camper

Child's Name _____

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

Street Address _____

City _____ State _____ Zip Code _____

Parent/Guardian Information

FATHER'S INFORMATION	MOTHER'S INFORMATION
Father's Name	Mother's Name
Cell Phone Number	Cell Phone Number
Email Address	Email Address

Do you have a youth in middle school or high school in the household interested in volunteering?

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? Yes No _____

**Please be sure to give any medication directly to Camp Director, 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.

Contact Name _____ Relationship _____ Cell # _____

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

Name _____ Relationship _____

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

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

Child #2 New Camper Returning Camper

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 Camp Director, Jen Owens.*

Child #3 New Camper Returning Camper

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 Camp Director, Jen Owens.*

Child #4 New Camper Returning Camper

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 Camp Director, Jen Owens.*

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