



Summer Bible Camp

Registration Form - Saint Joseph and Saint Matthew Parishes

Dates: June 16-20, 6:00 – 8:00 p.m. with Adult Enrichment
offered at the same time

Coming Soon!

Location: Saint Joseph Parish Hall Child's Name: (One form per child please)

Child's Name _____

Grade Completed: _____ Birthday: ____/____/____ Age: _____

Parent's Name(s): _____

Home Address: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

Emergency Contact Person: _____ Relationship to Student: _____

Home Phone: (____) _____ Alternate Phone: (____) _____

Food Allergies: ☐ Yes ☐ No - If yes, list:

Medical Concerns: ☐ Yes ☐ No - If yes, explain:

Family Doctor: _____ Doctor's Phone: (____) _____

Siblings Attending VBS (Names and Ages): (please fill out a separate registration for each child)

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

Name/s of the person/s who may be picking up your child _____

Child: _____

Do Summer Bible Camp leaders have permission to take photos of your Child for the St. Joseph and St. Matthew Face Book page? _____

Yes

No

I give permission for **photos** to be taken of my child/ren for the Parish Web page highlighting Bible Camp events.

_____ I do not wish for my child to be photographed.

~

Parish _____
St. Joseph St. Matthew Other

Cost: Free - Donations accepted.

***We do accept snack foods for the children**

_____ I will provide a snack.

Thank you for giving us the opportunity to teach your child(ren) more about God and give them the opportunity to have fun at the same time they are learn!

***(detach here)**

Teen Helpers are needed for Bible Camp

_____ I would like to volunteer to be a Teen Helper for Bible Camp the week of June 16 – 20, from 6:00 – 8:00 p.m. at St. Joseph Church

Name Age

Parish

_____ I am willing to take the online course for Protecting God's children.