



Please complete a registration form for each participant

Summer Bible Camp (VBS)

Registration Form - Saint Joseph &

Saint Matthew Parishes

Dates: June 15-19, 6:00 – 8:00 p.m.

Adult Enrichment offered at the same time

Location: Saint Joseph Parish Hall

Child's Name: _____

Age _____

Grade Completed in June _____

Date of birth _____ / _____ / _____

Parent's Name(s): _____

Home Address: _____

Cell Phone: (_____) _____ Alternate Phone: (_____) _____

Emergency Contact Person: _____ Relationship to Student: _____

Food Allergies: O Yes O No - If yes, please list: _____

Medical Concerns: O Yes O No - If yes, explain: _____

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

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

Do Summer Bible Camp leaders have permission to take photos of your Child for our 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.

Your Home Parish: _____ St. Joseph _____ St. Matthew _____ other
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Cost: Free:

***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 and return separately)

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 if over 17 years of age.

Please bring a green T-Shirt for your child and attached with a safety pin your child's name and T-Shirt size.

Name _____

Grade _____

Age _____

T-shirt size _____

