Vacation Bible Camp Registration Holy Name of Jesus Parish July 22-26, 2024 For children entering kindergarten – 5th grade

Cost: \$20 per child

Please make checks payable to Holy Name Parish

PORGCHOTE LABORE CATHOLIC RIDI CAMP

Parent/Guardian Information:

First Name:					
Last Name:					
Email:					
Primary Phone:	Cell Phone:				
Address:					
City:	State:	Zip:			
Emergency Contact: _		Phone:			
Alternate Pickup Namo	: Alternate Pickup Phone:				
Child #1 First and Last Name: _					
Gender: M F	Date of Birth:/	Age:			
Medical conditions, fo	od allergies, or special concerns?	?			
Child #2 First and Last Name: _					
	Date of Birth://				
Medical conditions, fo	od allergies, or special concerns?	?			

Child #3	m.o.			
FIRST and Last Na	me:			
Gender: M F	Date of Birth:/	/	Age:	
Medical conditio	ns, food allergies, or speci	al concerns?		
Child #4 First and Last Na	me:			
Gender: M F	Date of Birth:/	/	Age:	
Medical conditio	ns, food allergies, or speci	al concerns?		
and well-being of an emergency other associated hospital, or med be reached. I her from all manners reason, arising dunless other writecorded, either	ns: I understand that rease if the participants in VBS are. In the case of sickness or volunteers of the programmical clinic for my son/daugheby do release and forevers of actions, claims which I uring my child's attendance the instruction is submitted by photograph or video and sh programs and events.	an accident, I aut an accident, I aut to obtain medica hter in the event the discharge this Di or the child name e at Holy Name of	tified as soon as possi horize and consent the l care from a licensed nat I or other legal guar ocese, Parish, and/or (ed above shall or may h I Jesus Parish Vacation	ble in the event e VBS Team, or physician, dian(s) cannot Organization have for any Bible Camp.
Parent/Guardian	Name	Signature		Date
Office Use Only				
Date Received: _			Total Fees:	
Payment Date: _	Amt. Pd:	Ck #: _	Balance:	