



Saint Edmund Campion's Vacation Bible Camp

July 9 – 13, 2018

9:00 a.m. – 12:00 noon



K-12 Registration Form

Due by June 11, 2018

Family Information

Last Name: _____ Telephone #: _____

Address: _____

Permission to Photograph

_____ I give permission for my child(ren)'s photograph to be taken during Vacation Bible Camp. I understand that photos may be used for a bulletin board display in the parish hall and/or be posted on the St. Christopher Church Facebook page.

_____ I do not give permission for my child(ren)'s photograph to be taken during Vacation Bible Camp.

Parent/Guardian Signature: _____ **Date:** _____

Emergency Contact Information

Emergency Contact: _____ Phone #: _____

Relationship to Child(ren): _____ Alternate Phone #: _____

Individual Child Information

(Students entering grades 6-12, please also complete the applicable section on the reverse side)

Child's Name: _____ Entering Grade _____ in the Fall

School: _____ DOB: _____

Does this child have any allergies we should be aware of? Yes (_____) No(_____)

If yes please explain: _____

Does this child have any medical conditions we should be aware of? Yes (_____) No(_____)

If yes please explain: _____

~ additional Individual Child Information boxes on reverse side ~

This year's theme, *Surprise! Stories of Discovering Jesus*, allows children to also be surprised as they discover Jesus! Each of the five Bible stories the children will hear during the week tells them about someone surprised by Jesus.

Contact us with any questions:

Phone: 860-568-5240

E-mail: stchris-eh@sbcglobal.net

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School: _____ DOB: _____

Does this child have any allergies we should be aware of? Yes (____) No(____)

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Does this child have any medical conditions we should be aware of? Yes (____) No(____)

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Individual Child Information

(Students entering grades 6-12, please also complete the applicable section below)

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School: _____ DOB: _____

Does this child have any allergies we should be aware of? Yes (____) No(____)

If yes please explain: _____

Does this child have any medical conditions we should be aware of? Yes (____) No(____)

If yes please explain: _____

Camp Registration Fees

Campers (Entering K-5)

One Child - \$30.00

2 children from the same family - \$55.00

3 children from the same family - \$80.00

4+ children from the same family - (\$100.00)

LATE FEES: Add \$10.00 per child (K-5 only)

Assistant Leaders (Entering 6-8)

\$10.00 each

Group Leaders / Station Volunteers (Entering 9-12)

No Charge

Please make checks payable to: *St. Edmund Campion*

Please send all registration forms and fees to:

Saint Edmund Campion Parish VBC

538 Brewer Street

East Hartford, CT 06118

➤ **ATTN: Student(s) Entering Grades 6-12** ◀

Camp Agreement

By signing below I agree to follow the rules of the camp, respect all Vacation Bible Camp staff and participants, and do my best to make the camp a good experience for all.

1st Student: _____

2nd Student: _____

(if applicable)

Students Entering 6-12: T-Shirt Sizes (Adult)

(Note quantity next to desired size if more than one 6-12 student)

Small ___ Medium ___ Large ___ Extra-Large ___

Students Entering 9-12: Camp Interest

I have the following interests (check all that apply):

___ Group Leader ___ Photographer ___ Music

___ Field Games ___ Crafts ___ Bible Adventure