

**St. Rosalie's VBC (Vacation Bible Camp)      Registration Form      July 16-20, 2018**

**Camper's Information:**

Child's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in Sept. 2018: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Parent Information:**

Mother's name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Father's name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

**Emergency Contact Info (other than Parent):**

Name: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Names and Phone #'s of other people who have permission to pick up camper:

\_\_\_\_\_

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Is your child taking any medication at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your child being treated for any injury or illness at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_ No \_\_\_

If yes, allergic to what? \_\_\_\_\_

I understand that I will be notified in the case of medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

(circle one) Parent's/ Guardian's/Adult Responsible for Camper's Signature: \_\_\_\_\_

I understand that the Sr. Rosalie's Roman Catholic Church will not be responsible for the medical expenses incurred, and that any expenses will be my responsibility.

(circle one) Parent's /Guardian's/ Adult Responsible for Camper's Signature: \_\_\_\_\_

**Office info:** Fee \$25.00 Paid? \_\_\_\_\_ Payment method : Cash: \_\_\_ check: \_\_\_ C/C: \_\_\_ Scholarship: \_\_\_\_\_

Notes: \_\_\_\_\_

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