

St. Rosalie's VBC (Vacation Bible Camp) 2017 Registration Form

Camper

First _____ Middle _____ Last _____ Gender: Male __ Female __
Birth date ____/____/____ Age (as of July 17, 2017) ____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____

Cell phone _____

Parent/Guardian #2

First _____ Last _____

Cell phone _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____

Cell Phone _____

Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

I understand that I will be notified in the case of a 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.

Parent's/Guardian's Initials _____

I understand that the St. Rosalie's Roman Catholic Church will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

TUITION INFORMATION - \$25 to help cover cost of supplies. (Cash, Credit Card, or Check made to St. Rosalie's Catholic Church.

Parent/ Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Deadline for registration is July 7th, 2017. Please submit this form with payment to St. Rosalie's RF Office.

31 E. Montauk Highway
Hampton Bays, NY 11946

Any questions or concerns, feel free to contact us at (631) 728-9248 or rfeileen@optonline.net .