



The Parish of the Holy Cross VBS Registration Form



July 10-14, 2017

Please print clearly / one per child

Child's Name: _____ Age: _____ Date of birth: _____

Street address: _____

City: _____ Zip: _____ Grade entering Sept. 2017 _____

Home phone: _____ e-mail: _____

Parish if not Holy Cross: _____

Mother/guardian emergency contact # / cell # _____

Father/guardian emergency contact # / cell # _____

Important: Allergies or other medical conditions: Yes / No (please circle one)
(if "yes" please fill out "Allergy Action Plan" form at time of registration.)

***** Under No circumstances may outside food be brought in.**

Fees:
\$60.00 for 1 camper

\$100.00 for 2 campers

\$140.00 for 3 or more campers

May **request one** name for a child to be placed with:

This is only a request.
Campers may be placed in same crew OR group.
Siblings will be placed together if requested.

Photography release: I hereby give / do not give permission for my child
_____ to be photographed during the week at VBS.

(must circle one and sign) _____

For Parish use only:
Payments Made: Date: _____ Amount: _____ Cash Check # _____