

Ages 4 through 5th Grade --
Fall 2017



Catholic Camp (VBS) Registration Form
June 26-29, 2017—9 AM-12 PM
9100 93rd Ave North, Brooklyn Park, MN 55445-1407
763-425-2210

Child's Name: _____

Birth Date: _____ Age: _____ M/F: _____ Grade/Age in Fall 2017: _____

Parents/Guardians: _____

Address: _____ City/Zip: _____

Email Address: _____ Home Phone: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Emergency Contact Information—(If parents/guardians cannot be contacted):

Name: _____ Number: _____

I am responsible for the transportation of my child to and from Catholic Camp: _____

(Parent/Guardian Signature)

Allergies or anything we need to know to help your child: _____

NEW THIS YEAR: For the safety of your child(ren)- If your son or daughter has food allergies (other than peanut) and cannot have the provided snack, please supply your own non-refrigerated snack. THANK YOU!

T-Shirt Size (youth): Small Medium Large X-Large

Registration Fee: \$32 per child

My son/daughter needs one-on-one assistance from a Special Needs Buddy

If childcare was available after Catholic Camp at (SVDP) in 2018, I would be interested in learning more about it.

Please read and check off the following items:

I/We release my/our child's photograph(s) to St. Vincent de Paul for their use— (Names will not be used with photographs)

Parent/Guardian Signature: _____

Check if you are a registered parishioner.

I/We understand there are **NO REFUNDS AFTER MAY 22, 2017**

(Office Use Only)
Date _____
Ck # _____
Amt _____
Cash _____
Apvl _____