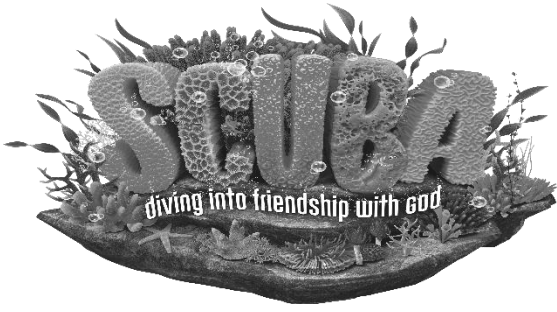


Rec'd _____

☐ Inv# _____

☐ Ent _____

☐ Info _____



2024 VBS Camper

*Entering Kinder through 6th Grade

Mon, June 10 to Fri, June 14

8:45am to 12:30pm in Morris Center

LAST NAME: _____ FIRST NAME: _____

Child's age: _____ Date of Birth: _____ Grade in **2024-2025**: _____ Gender: ☐ M ☐ F

Home Parish/City: _____

T-shirt size: (select one) *T-shirts tend to run small.

Youth: XS (4) SM (6-8) MED (10-12) LG (14-16) XL (18-20)

Adult: S M L XL

FAMILY INFORMATION:

Last Name: _____ First Name: _____

Phone Number: _____ Text? ☐ Y ☐ N

Family E-mail Address (please use the address checked most often):

Mailing Address: _____

City: _____ St: _____ Zip Code: _____

Siblings in VBS:

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Name: _____ Grade: _____

Person(s) authorized to pick up your child from VBS:

Name: _____ Phone: _____

Name: _____ Phone: _____

PLEASE FILL OUT BOTH SIDES

EMERGENCY INFORMATION: (when the parent/guardian cannot be reached)

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

Health Insurance Provider: _____ Policy/Medical Number: _____

Family Physician Name: _____ Phone: _____

Does your child have any special needs?

Does your child have any allergies or medical concerns? (Alternative Foods should be provided by families)

EMERGENCY HEALTH / MEDICAL INFORMATION AND CONSENT:

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby give permission to St. Clare Catholic Church, and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

FOOD ALLERGIES:

Daily Snacks will be posted on our website and distributed to parents prior to VBS. If your child has specific dietary needs, please provide our Kitchen Crew with an alternative snack labeled for your child. Due to previous health concerns, St Clare will no longer offer alternative snacks for each day. It is the responsibility of the parents/guardians to bring a snack suitable for their children.

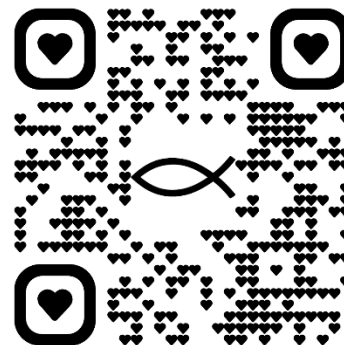
PHOTO/VIDEO CONSENT:

I will allow photographs and video to be taken of my child to use for parish purposes only. My child's picture may be taken for the church bulletin, website, for arts and crafts activities, and for promotion of future VBS programs at St. Clare.

LIGHTS AND SOUND:

VBS uses bright, flashing light and loud sounds. If your child is sensitive to any of these things, please plan accordingly for your child each day.

Pay Here



Signature of parent/guardian: _____ Date: _____

(Office Use Only):

ENVELOPE # _____

Pmt rec'd: \$ _____ date: _____ Check #: _____

Number of children attending VBS: _____ Youth: _____ Adults: _____