

# St. Joseph Church

July 11<sup>th</sup> - 15<sup>th</sup>, 2016

## VACATION BIBLE and Music Camp REGISTRATION

(One form per child, please)

Camp:  Bible  Music

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

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

Age:  Date of Birth \_\_\_\_\_ Gender:  Male  Female Grade entering in Sept. \_\_\_\_\_

Parish : \_\_\_\_\_

### Medical Issues or Special Needs:

I hereby warrant that, to the best of knowledge, my child is in good health and able to participate in all activities.

I hereby warrant that, to the best of my knowledge, my child has the following condition(s) and/or limitations and may not participate in the following activities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: Does your child have any known allergies?  Yes  No

If yes, please list:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are the allergies life threatening?  Yes  No

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Alternate Pickup Name: \_\_\_\_\_

Alternate Pickup Phone: \_\_\_\_\_

General Information:

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Medical Release: I give my permission for the Vacation Bible School (VBS) staff to administer basic first aid to my child (named above) in the event of an injury. In case of medical emergency, I understand that a reasonable effort will be made to contact parents or guardians. In the event that I cannot be reached, I hereby give permission to the physician selected by St. Joseph Church to secure proper treatment.

I certify that the above information is correct and give permission for my child to attend the above mention program.

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Parent Signature

Date

You may print this out and drop it off at our office in the School of Religion, the Parish Center, mail it to St. Joseph's School, 59 Church Street, Kings Park, NY 11754 or email it to [mmckee@stjosephskp.org](mailto:mmckee@stjosephskp.org).