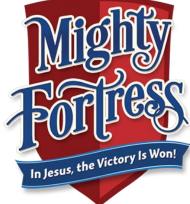
CAMP ST. CATHERINE 2018



Vacation Bible Camp for children <u>entering</u> Kindergarten through 6th grade-September 2018 (and 3 & 4 year olds whose parents are working at camp) Activities include daily Mass, Arts & Crafts, Games, Bible Stories & a visit from Quakertown Fire Company!

DATE:	Monday, July 9 – Friday, July 13	TIME:	9:00 a.m. to 12:30 p.m.
	St. Catherine of Siena Parish Center		\$30.00 per child - \$75 max per family

Attention: This form must be completely filled out or it will be returned to you and your child will not be registered until the completed form is resubmitted. Thank you for understanding.

Child's Name:		
Last	First	Please Circle
Age:	Grade entering September 2018:	
Father's Name:	Mother's Name:	
Mailing Address:		
Telephone No.:		
Email Address:		
Father's Work #:	Mother's Work #:	
Father's Cell Phone #:	Mother's Cell Phone #:	
St. Catherine's Parishioner: YES	NO (Home Parish:)
•	te & return registration <u>by</u> : June 15, 2018	

Please continue registration on back of page!!

Emergency Contacts:

Linergency Contacts.	1			
(Please provide 2 people that will be IMMEDIATELY AVAILABLE during camp hours in case of emergency)				
Name:Telephon	ne:			
Name:Telephon	ne:			
Should emergency medical treatment be necessary and I am un the delegated agents of St. Catherine of Siena to act on my beha				
Insurance Company Policy	y Number			
I specifically waive claim or claims that may be derived from any accident or injury sustained by my child. I further agree to indemnify and save harmless St. Catherine of Siena, the Catholic Diocese of Metuchen, their staff, all volunteers, and all adult supervisors working on their behalf.				
Signature	Date			
Does your child have any special medical needs, dietary needs, or allergies? YES NO				
Please list your child's allergy or medical condition and explain the symptoms as well as what should be done if need should arise:				
 For the safety of all of the children, campers are not allowed to carry any medication on them during camp time. If an inhaler or epi-pen is needed, please contact Judy directly for instructions. NOTE: Parish representatives are NOT permitted to administer medication. All of the above information is accurate and I understand that I must provide the necessary medication for my child and that the parish representatives are NOT permitted to administer and NOT permitted to administer 				
I give permission for my child to be photographed and/vide Siena Parish and allow use of my child's photograph on the	otaped for sole use by St. Catherine of			
not be used with picturesYesNo				

Parent/guardian signature_

_____ Date_____

This form must be filled out **COMPLETELY**

Please complete & return registration by: June 15, 2018 (a \$15 late fee will be added to any application submitted after the due date)