

St. Elizabeth Ann Seton-Vacation Bible Camp 2019

The Saints

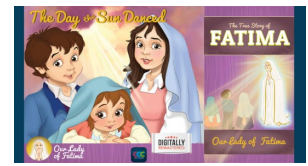
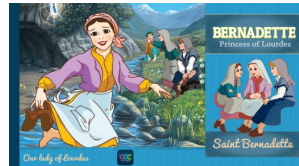
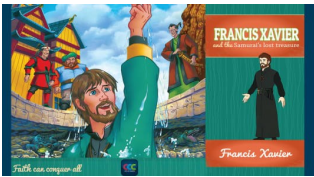
June 24 – 28

9am – noon

\$20 per student (2nd – 5th Grade)

FORMED®

THE CATHOLIC FAITH.
ON DEMAND.



Student Name: _____

Birth date: _____ Age: _____ Last school grade completed: _____

Address _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Known allergies or other medical concerns: _____

In Case of an accident or serious illness, the parish will contact a parent, then the emergency contact. If unable to reach either, the parish requests permission to call physician/health care or make whatever arrangements are necessary.

SIGNATURE: _____ Date: _____

Physician Name: _____ Phone # _____

Health Insurance: _____ Groups # _____

Please note any concerns we need to be aware of to care for your child or that may require special attention. _____

I can HELP with Crafts _____ Snacks _____ Registration _____ Anywhere needed _____

OFFICE USE ONLY: DATE: _____ CASH/CK# _____ AMT: \$ _____