



**2018 Registration Form**

**St. Max's VBCamp 2018**

July 16-20, 2018 9:00 am - 12 noon

Ages 4 (Must be 4 by 6/30/18) to incoming 5<sup>th</sup> Graders

**Fee:** VBS Registration Fee is **\$50.00 per child** payable at the time of registration. (Cash or check payable to St. Maximilian Kolbe Church) Please remit an individual registration form for each child. Supply the information on **BOTH sides** for the child. **PRINT clearly.** Thank you!

**Child's Name**

**F/M**

**Age**

**Grade 2018/19**

\_\_\_\_\_

***Parental Contact Information***

**Mother's Name:** \_\_\_\_\_ **Father's Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **St. Max Parishioner:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Cell Phone:** (Mom or Dad) \_\_\_\_\_ **Work Phone:** (Mom or Dad) \_\_\_\_\_

***Secondary Emergency Contact Information***

**Local Emergency Contact Name:** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

**Relationship to Family:** \_\_\_\_\_ **Secondary Transportation:** \_\_\_\_\_

**Please list any medical or food related issues that might impact your child at camp.**

\_\_\_\_\_

**If your child has food allergies, please list safe foods your child may have.**

\_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For VBS Use Only: # of Children \_\_\_\_\_ Check# \_\_\_\_\_ Check Amount: \_\_\_\_\_

Cash \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_