

# 2017 Vacation Bible Camp

## CAMPER REGISTRATION FORM

For Children Entering Grades K to 5 for the 2017-18 School Year

**Family Name:** \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Child: \_\_\_\_\_ Age: \_\_\_\_\_

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Child: \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Family email: \_\_\_\_\_

**Registration Fee \$35.00 per child:** # of Children \_\_\_\_ Total \$ \_\_\_\_ *Family Cap \$50*

*Scholarships are available for Campers. Please contact Cathy Bowes: 781-925-5446 or [religioused@stmaryhull.com](mailto:religioused@stmaryhull.com)*

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

Phone #'s \_\_\_\_\_

Relation to child(ren): \_\_\_\_\_

**Health Concerns or Medical Conditions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Food Allergies:** \_\_\_\_\_

**Photo Release:** Photographs may be taken of children during the Summer Bible Camp. I give permission for my child(ren) to be photographed by church staff. I understand photos may be posted on the church's website, Facebook page, or in local newspaper.

**YES** \_\_\_\_ **(OR) NO** \_\_\_\_, I do not want my child(ren) photographed.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Monday, July 17<sup>th</sup> - 21<sup>st</sup>

Here at St. Ann Church!