

2019 Vacation Bible Camp

CAMPER REGISTRATION FORM

For Children Entering Grades K to 5 for the 2019-20 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 religiouused@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 15th to Friday, July 19th

Here at St. Ann Church!