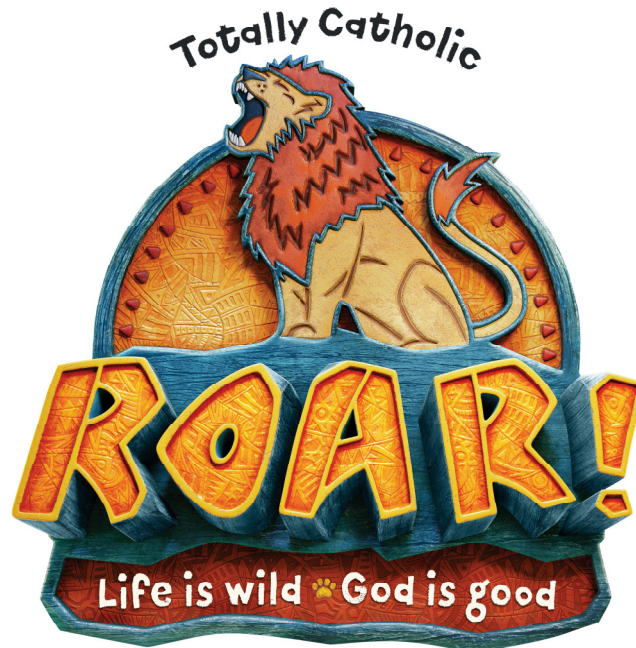




St. Catherine Parish
Parroquia de Santa Catalina

Join Us for Vacation Bible Camp Summer 2019!



Half Day Camp (2 Sessions)
June 17-21, 2019
June 24-28, 2019
9:00 am—12:00 noon

For all children ages 4-11
(entering PK - grade 5 in Fall 2019)

Early registration by April 30: \$85 per child / \$65 each add'l child
Registration on or after May 1: \$100 per child / \$75 each add'l child

Registration Opens Monday, April 8th.

Registration forms are available online, at the Rectory or the Family Faith Formation Office.
For further information or to volunteer, please contact: *St. Catherine Church, Office of Family Faith Formation and Evangelization 17400 Peak Ave, Morgan Hill, CA 95037 Tel: (408) 779-9604*

REGISTRATION AND RELEASE FORM—VBC Summer 2019

YES! Register my child for the following camp:

Session I: _____ June 17-21 or Session II: _____ June 24-28

Name of Child: _____ Grade in Fall 2019: _____ Age: _____

Parent/Guardian Name: _____

Address: _____ City: _____

Home #: _____ E-mail address: _____

Mother Cell #: _____ Father Cell #: _____

Favorite Snack: _____ Favorite Fruit: _____

_____ I am available to volunteer for VBC. Please contact me!

Please circle T-shirt size: Child S M L XL Adult M L XL

Does your child have a medical condition or food allergy? Y N

If yes, please explain: _____

Doctor's Name: _____ Doctor's Phone #: _____

Insurance Company: _____ Policy #: _____

Emergency Contact Person (in the event the parent(s) cannot be notified)

Name: _____ Relation: _____ Phone #: _____

I understand that reasonable precautions will be taken to safeguard the health and well-being of my child, and that I will be notified as soon as possible in the event of an emergency. In case of sickness or accident, I authorize and consent to any x-ray exam, anesthetic, medical, dental or treatment and hospital care to be rendered to my child under the general care and advice of any physician, dentist, or surgeon licensed to practice in any state. I further understand and agree to be responsible for any such medical, dental and/or hospital expenses incurred. By signing this form, I hereby grant permission for my child to be photographed and/or videotaped during Vacation Bible Camp (VBC) at St. Catherine Church. I understand that my child may decline to be photographed and/or videotaped at any time. I further grant permission for the resulting photographs and/or videotape footage to be edited, if necessary, and then published and/or broadcast for the purpose of promoting VBC. **Please print "Photo Opt Out" by the signature if you do not want this permission granted.**

Parent Signature: _____ Date: _____

Please return to St. Catherine VBS, 17400 Peak Ave., M.H. 95037 or to the Family Faith Formation Office by **May 1st**. Tel: (408) 779-9604.

FOR OFFICE USE:

Payment Enclosed: \$ _____

CASH enclosed? yes/no

Check # _____