



Catholic Kidz Camp

St. John the Baptist Catholic Church

201 W. Blodgett—Marshfield

Mon-Fri. July 23-27, 2018

8am until 11:30 am

PreK-3-6th grade

Parent's Name(s): _____

Address: _____

City: _____ Zip: _____ Cell: _____

Phone (home): _____ (work) _____

Emergency Name & Number: _____

Parish: _____ Email: _____

Camp fee is \$15 per child. Maximum \$45/family. Payable to St. John

Please mail/drop off completed registration form to St. John's church office.

Child's Name: _____ 2018-2019 Grade: _____

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Child's Name: _____ 2018-2019 Grade: _____

I would like to order ___ copies of the music CD @ \$9.00/CD (must order by July 10th) Total\$ _____

Total number of children attending _____ \$15 = \$ _____

Total Due: \$ _____

Yes **No** St. John's **has approval** to use my photos on the web or in the bulletin.

If there are any medical concerns, food allergies, or special needs your child(ren) may have please list:

Parental Permission I give my child(ren) permission to attend Catholic VBS. In the event of a medical emergency, I authorize the appropriate medical treatment.

Health Insurance Carrier: _____ Policy #: _____

Parent's Signature: _____ Date: _____