



Catholic Kidz Camp

St. John the Baptist Catholic Church 201 W. Blodgett—Marshfield

Mon-Fri. July 27-July 31 8:00 AM-11:30AM

Grades Pre K-6th Grade

Parent's Names: _____

Address: _____

City: _____ Zip code: _____ Cell: _____

E-mail: _____

Phone: (home) _____ (work) _____

Emergency Name & Phone Number _____

Parish: _____

Camp Fee is \$15 per child, maximum \$45 per family. Payable to St. Johns. Please register by July 10th!

Child's name: _____ 2019-2020 Grade: _____

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Child's name: _____ 2019-2020 Grade: _____

Child's name: _____ 2019-2020 Grade: _____

I would like to order ____ copies of the Music CD @ \$9.00/CD (Must be ordered by July 10th) Total \$ ____

Total number of children attending: _____ x \$15 = \$ ____

Total due: \$ ____

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

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

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 Signature: _____ Date: _____

Are you interested in helping at VBS Yes No

If any questions please contact Heather Adler at 715-897-1941 or heatherkadler@gmail.com