

SACRED HEART PARISH

VACATION BIBLE CAMP COOP

REGISTRATION FORM (one per child)

June 27-June 30, 2016

9am- 12noon

Ages 5—12

\$40/child; \$35 for 2 or more



Child's name _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of Parent(s): _____

Street Address: _____

City: _____ State: _____ Zip _____

Primary Phone: (_____) _____ cell or _____ home

Child's Parish: _____

ALLERGIES or OTHER MEDICAL CONDITIONS: _____

In Case of Emergency, contact: _____



Relationship to child: _____

PARENT PARTICIPATION: I will support this year's VBC in the following ways:

- | | |
|--------------------------------|---|
| _____ Set-up Help: | Sunday, June 26th 1-5pm |
| _____ Group Leader: | _____ Mon. _____ Tues _____ Wed _____ Thurs _____ |
| _____ Craft Helper: | _____ Mon. _____ Tues _____ Wed _____ Thurs _____ |
| _____ Help with Check in: | _____ Mon. _____ Tues _____ Wed _____ Thurs _____ |
| (8:30-9:15am) | |
| _____ Provide Snack | _____ Mon. _____ Tues _____ Wed _____ Thurs _____ |
| _____ Help serve snack | _____ Mon. _____ Tues _____ Wed _____ Thurs _____ |
| _____ Help with closing mass | _____ Thurs. at 11:00am |
| _____ Help with closing picnic | _____ Thurs. 11:00—1:00pm |