CAMP ST. CATHERINE 2019



Vacation Bible Camp for children entering Kindergarten through 6th grade - September 2019
(3 & 4 year olds must have a parents working at the camp)

Activities include daily Mass, Arts & Crafts, Games, Bible Stories & a visit

from Quakertown Fire Company!

DATE: Monday, July 8 – Friday, July 12 **TIME:** 9:00 a.m. to 12:30 p.m.

PLACE: St. Catherine of Siena Church **FEE:** \$30.00 per child - \$75 max per family

Attention: This form must be completely filled out or it will be returned to you and your child will not be registered until the completed form is resubmitted. Thank you for understanding.

		IVI F	
Child's Last Name	First Name	(Please Circle)	
Current Age of child	Grade	Grade entering September 2019	
Father's Name	Mother's Name	e	
Mailing Address	City	Zip Code	
Home Phone #			
Email Address			
Father's Work #	Mother's Work	:#	
Father's Cell Phone #	Mother's Cell F	Mother's Cell Phone #	
YES NO			
St. Catherine's Parishioner	Home Parish	Home Parish	

Please continue registration on back of page!!

Please Complete & Return Registration By: June 14, 2019

(A \$15 late fee will be added to any application submitted after the due date)

Emergency Contacts:			
Please provide two (2) people that will be emergency.	e <u>IMMEDIATELY AVAILABLE</u> during	camp hours in case of	
Name	Telephone #		
Name	Telephone #		
Should emergency medical treatment be authorize the delegated agents of St. Cartreatment.			
Insurance Company	Policy Number		
I specifically waive claim or claims that is child. I further agree to indemnify and sa Metuchen, their staff, all volunteers, and	ave harmless St. Catherine of Siena,	the Catholic Diocese of	
Signature	Date		
Does your child have any special medica	al needs, dietary needs, or allergies?	YES NO	
Please list your child's allergy or medical be done if the need should arise:	l condition and explain the symptoms	as well as what should	
For the safety of all of the children, carduring camp time. If an inhaler or epfor instructions. NOTE: Parish representatives are NOT parish the characteristics is captured.	oi-pen is needed, please contact Eli	izabeth Knipe directly	
All of the above information is accurate medication for my child and that the medication.			
I give permission for my child to be phesiona Church and allow use of my child's not be used with pictures. Yes	s photograph on the Parish website. I	-	
Parent/guardian signature		Date	
This form must be filled out CON	IDI ETEI V		

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