

SHIPWRECKED

BIBLE CAMP 2018

Registration Form

For Office Use Only

Check # _____ or

Cash received \$ _____

SUNDAY, 9:00 AM MASS - JULY 8 and July 15
JULY 9 - JULY 13
PreK-4 through 5th Grade DAILY 8:45am - 12:30pm
***New* Middle School CAMP DAILY 1 pm - 4 pm**

At Shipwrecked VBS, kids discover how Jesus rescues us through life's storms. Shipwrecked is filled with incredible Bible-learning experiences kids see, hear, touch, and even taste! Sciency-Fun Gizmos™, team-building games, cool Bible songs, and tasty treats are just a few of the standout activities that help faith flow into real life. Space is limited and registration is on a first come - first serve basis (Non parishioner's registration will be confirmed beginning May 11).

PARENT'S NAME(S) _____ E-MAIL _____
 HOME ADDRESS (including zip code) _____
 HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
 DROP OFF/PICK UP PERSON(S) _____ PHONE _____
 (WE WILL ONLY RELEASE CHILDREN TO THE PERSON(S) LISTED. PHOTO ID REQUIRED FOR PICK-UP)

\$60 per child, \$105 for two children, \$140 for three children, \$175 four or more children

Child's Name	M/F	Date of Birth	Entering Grade	T-shirt size Sm (6/8) Med (10/12) Lg (14/16) Adult (Small)	Attended St. Matthew Bible camp before?	Fee
					TOTAL FEE	

PAYMENT IS REQUIRED WITH COMPLETED REGISTRATION FORM:
 Amount enclosed: \$ _____
 Method of payment: _____ Check (payable to St. Matthew Church) or _____ Cash
 Parish (if other than St. Matthew): _____

PLEASE FILL-IN BACK OF FORM. A COMPLETED FORM AND CHECK WILL HELP SECURE SPOTS.

MEDICAL RELEASE & PERMISSION:

In the event that medical or surgical treatment is required for my child(ren) named above during Vacation Bible Camp (VBC), I grant permission for Saint Matthew Parish VBC Staff to seek medical care for my child in the event that I cannot be reached at the numbers below. I grant the Physician and Dentist listed below permission to provide the care necessary for my child's well being. I the undersigned Parent/Guardian do release, acquit, discharge, and hold harmless Saint Matthew Parish and its representatives, or any medical professional, from any and all damages or liabilities arising out of the treatment of any sickness or accident incurred by my child.

I give permission for my child(ren) named above to participate in Saint Matthew Parish VBC and understand that they will be under the care and guidance of its leaders.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

EMERGENCY INFORMATION:

CONTACT _____ PHONE _____ CELL _____

FAMILY DOCTOR _____ PHONE _____

FAMILY DENTIST _____ PHONE _____

MEDICAL INSURANCE COMPANY: _____ POLICY #: _____

List any food allergies, insect allergies or medications being taken or any other pertinent information that we need to know about your child(ren) in order to keep them safe.

Are there any medical conditions, learning styles, family situations, or special needs we should be aware of?

If you wish to sponsor a child, please include any additional donation amount. \$ _____

REGISTRATION DEADLINE IS JUNE 15, 2018

**PLEASE MAIL COMPLETED FORMS AND FULL PAYMENT TO
ST. MATTHEW CHURCH
216 SCRIBNER AVE.
NORWALK, CT 06854
ATTN: SUMMER BIBLE CAMP**

For questions regarding registration for PreK - 5th , please contact SaintMatthewVBS@yahoo.com
For questions regarding registration for middle school camp contact: Jennifer.Herford@att.net

Photo Release Form

I/we, the legal parent(s) and or guardian(s) of the above referenced child/children, agree and understand photographs which include my/our child's/children's image taken at the Saint Matthew Summer Bible Camp will be used in the Bible Camp Outreach.

Participant's names will NOT be published, and the photographs will be of the crew your child/children is assigned to. I/we hereby give Saint Matthew Church permission to print and distribute the photographs as part of the Bible Camp Program.

Print Name: _____

Parent/Guardian Signature: _____