



# Vacation Bible Camp



June 17 - 21, 2019 from 9am – 12 noon

At St. Maria Goretti Parish: 3954 Palo Verde, Long Beach, CA 90808

(562)-420-7613 for additional info or questions

## Vacation Bible Camp Registration and Permission Form

(Religious Education Programs of: St. Cornelius/St. Maria Goretti/St. Joseph/St. Cyprian/St. Bartholomew)

**Please return form(s) to your Religious Education Office no later than June 2<sup>nd</sup> (One form per child, please)**

\*Student First Name: \_\_\_\_\_

\*Student Last Name: \_\_\_\_\_

\*Age: \_\_\_\_\_ Grade in fall 2019 (TK – 8<sup>th</sup>): \_\_\_\_\_

Teen Volunteer(9<sup>th</sup> – 12<sup>th</sup>, \$10.00 fee): \_\_\_\_\_

Home Parish: \_\_\_\_\_

\*Allergies: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

\*Medical Issues or special Needs: \_\_\_\_\_

\*Cell Phone Number: \_\_\_\_\_

\_\_\_\_\_

Other Phone Number: \_\_\_\_\_

\*Parent Name: \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Emergency Phone: \_\_\_\_\_

\_\_\_\_\_

Alternate Pickup Name: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_

Alternate Pickup Phone: \_\_\_\_\_

\*Zip: \_\_\_\_\_

Special Requests: \_\_\_\_\_

\*Email: \_\_\_\_\_

\_\_\_\_\_

**Medical Release:** I give my permission for the VBC staff to administer basic first aid to my child (named above) in the event of an injury. I understand that the VBC staff will contact emergency services in the event of a significant injury and all expenses for such emergency services will be paid by me.

**Photo Release:** I hereby grant the above named church permission to copyright and use photographs/videos taken at VBC of the minor designated above in any manner or form for any purpose lawful at any time. I waive any right that I may have to inspect or approve the finished product or written copy, that may be used in conjunction therewith, or the use to which it may be applied.

**Permission to Attend:** I give permission for my child (named above) to attend the Vacation Bible Camp (VBC) listed above. I agree to direct my child to cooperate with and conform to directions and instruction of the supervisory personnel in charge of the Vacation Bible Camp.

\_\_\_\_\_  
Parent Signature

**Materials and insurance fee:** \$30 per child, by June 2<sup>nd</sup>.      Fees: **AFTER** June 2<sup>nd</sup>, \$50 per child

**Please make checks payable to:** St. Cornelius Religious Ed      Amount Enclosed: \$ \_\_\_\_\_

I am willing to help \_\_\_\_\_ (Childcare may be available for volunteers)

My area(s) of interest: Crew leader \_\_\_ crew assistant \_\_\_ arts and crafts \_\_\_ games \_\_\_  
music \_\_\_ station assistant \_\_\_ mission outreach coordinator \_\_\_ snack \_\_\_ Bible stories/props \_\_\_  
last day of camp celebration \_\_\_ set up/clean up \_\_\_ staff childcare \_\_\_ decoration prep \_\_\_ as needed \_\_\_

**Adult volunteer orientation to be held Monday, June 3<sup>rd</sup>, 6:00PM @ St. Cornelius**

**Teen Volunteer orientation to be held Friday, June 14<sup>th</sup>, 2:00 pm @ St. Cornelius**

**All full-time, five day, adult volunteers receive free tuition for their children.**



***Keep this section for your records or as a reminder***

Child's name \_\_\_\_\_

Is registered for the Vacation Bible Camp **June 17 – 21, 2019 from 9am – 12 noon**  
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# INCREDIBLE FAITH

