	VBS Camp July 15 <sup>th</sup> to Kindergo	per Registr 5 July 19 <sup>th</sup>	e Holy Cross ation Form 2024 – 10am to 1pm ough 5 <sup>th</sup> Grade	
Child's Name:		Age:	Date of birth:	
Street address:				
City:	Zip:		Grade entering Sept.	2024
Home phone:		e-ma	il:	
Parish if not Holy Cross	:			
Mother/guardian emerg	ency contact #	# / cell #		
Father/guardian emerge	ency contact #	/ cell #		

*Important*: Allergies or other medical conditions: Yes / No (please circle one) (if "yes" please call the Religious Ed office to obtain an "Allergy Action Plan" Form.)

\*\*\* Under NO circumstances may outside food be brought in.

Fees: \$60.00 for 1 camper	May <b>request one</b> name for a child to be placed with:
\$100.00 for 2 campers	
\$140.00 for 3 campers	This is only a request. Campers may be placed in same crew OR group. Siblings will be placed together if requested.

Photography release: I hereby **give** / **do not give** permission for my child to be photographed during the week at VBS. (must circle one and sign)