The Parish of the Holy Cross
VBS Camper Registration Form
July 18th to July 22nd

Child's Name: _____Age:_____ Date of birth: _____

Street address: _____

City:_____ Zip: _____ Grade entering Sept. 2022_____

Home phone: _____ e-mail: _____

Parish if not Holy Cross: _____

Mother/guardian emergency contact # / cell # _____

Father/guardian emergency 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

$100.00 for 2 campers

$140.00 for 3 or more campers

May **<u>request one</u>** name for a child to be placed with:

_____

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) _____

FOR PARISH USE ONLY:
Payments Made: Date: _____ Amount: _____ Cash Check # PayPal