

# Church of the Presentation

271 W. Saddle River Rd., Upper Saddle River NJ 07458 - 201/327-1313 ext. 32



## Join Us for Vacation Bible Camp

# CROCODILE DOCK

"Where fearless kids shine God's light"

July 27-31, 2009 9:15am-12:15pm

**REGISTRATION DEADLINE IS JULY 17, 2009 - FEE: \$80 PER CHILD**

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Parishioner Yes \_\_\_\_\_ No \_\_\_\_\_

**ALL ENTERING KINDERGARTEN - 3RD GRADE IN FALL 2009 ARE WELCOME**

<u>CAMPER'S NAME</u>	<u>DATE OF BIRTH</u>	<u>GRADE IN FALL 2009 / SPECIAL NEEDS</u>
_____ M/F	_____	_____
_____ M/F	_____	_____
_____ M/F	_____	_____
_____ M/F	_____	_____

**VOLUNTEERS NEEDED! PLEASE CHECK BELOW WHERE YOU CAN HELP**

- |  |  |
|--|--|
| <input type="checkbox"/> Group Leader  | <input type="checkbox"/> Nurse                           |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Babysitting - List days you can |
| <input type="checkbox"/> Teacher       | babysit _____  |
| <input type="checkbox"/> Music         | <input type="checkbox"/> Photographer                    |
| <input type="checkbox"/> Recreation    | <input type="checkbox"/> Snacks (preparing/serving)      |

**BABYSITTING FOR CHILDREN OF VOLUNTEERS ONLY**

Name/Age \_\_\_\_\_ Name/Age \_\_\_\_\_

**TEENS: Current 7th Graders & older - Fill in list above where you can help**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Phone# \_\_\_\_\_ Email: \_\_\_\_\_

**BIBLE CAMP REGISTRATION DUE BY FRIDAY, JULY 17. NO WALK-INS WILL BE ACCEPTED!**  
**PLEASE RETURN TO THE FAITH FORMATION OFFICE:**

- THIS REGISTRATION FORM (ONE PER FAMILY)**
- FEE (\$80 PER CHILD)**
- EMERGENCY INFORMATION SHEET (EACH CHILD REGISTERED NEEDS AN EMERGENCY INFORMATION SHEET COMPLETED - SEE REVERSE SIDE-->).**

# CHURCH OF THE PRESENTATION

## Bible Camp Emergency Information Sheet

Please complete one of these forms for each child. *Extra copies are available from the Faith Formation Office or online from our website:*

[www.churchofpresentation.org/bcampemer.pdf](http://www.churchofpresentation.org/bcampemer.pdf)

This Emergency Information Sheet (one per child), the Bible Camp registration form (one per family), and fee (\$80 per child) are all required for Bible Camp Registration.

Bible Camper's Name \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Grade this coming Fall: \_\_\_\_\_ Child's Age Now: \_\_\_\_\_ Date of Birth:    /    /    M or F

Mother/Guardian Name: \_\_\_\_\_ Work/Cell# \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Work/Cell# \_\_\_\_\_

If the child's primary language is other than English, please list: \_\_\_\_\_

### Emergency/Pick-up Information:

Please list additional adult contacts that could be called **during camp hours (9:15am-12:15pm)** in the case of emergency. If you cannot be reached, the individuals listed below are the only individuals authorized to pick up your child in addition to the Parent(s)/Guardian(s) listed. We will not release your child to anyone that is not listed without written permission.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information:

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies (bee stings, foods, medications, etc.) \_\_\_\_\_

Are any medications or precautions necessary for the allergy? \_\_\_\_\_

Is your child required to take medication or use an inhaler during camp?  Yes  No If yes, please list: \_\_\_\_\_

Medical Comments-limitations for camp activities (i.e. physical, visual, auditory, behavioral): \_\_\_\_\_

Is there any other information that is important for us to know about your child? \_\_\_\_\_

### Emergency Medical Care Authorization:

In the event that I cannot be reached and an emergency occurs, I do hereby grant my permission and fully authorize Church of the Presentation staff and adult volunteers in their best judgment to seek ANY AND ALL EMERGENCY DIAGNOSTIC, MEDICAL OR SURGICAL CARE that might be necessary for my son/daughter during Bible Camp and do hereby hold Church of the Presentation, its staff and adult volunteers harmless from any liability which may occur as a result of their seeking emergency medical care under the provisions of this paragraph.

\_\_\_\_\_  
Parent/Guardian Signature (required)

\_\_\_\_\_  
Date