



Vacation Bible Camp 2017

June 26 – June 30, 2017

9:15am—12:15pm

Church of the Presentation
 271 W. Saddle River Rd.
 Upper Saddle River NJ 07458
 (201) 327-1313 ext. 843

REGISTRATION DEADLINE: Monday, JUNE 19, 2017 - FEE: \$90 PER CHILD

Parent's Name: _____ Daytime phone: _____ Cell: _____

Home address: _____

Parent's Email: _____ Alternate Email: _____

Are you a registered member of our Parish? Yes _____ No _____ (not required for participation in Camp)

CAMPERS ENTERING K - 4th GRADE IN SEPTEMBER 2017 ARE WELCOME TO ATTEND

<u>CAMPER'S FIRST NAME</u>	<u>DATE OF BIRTH</u>	<u>GRADE IN FALL 2017 / SPECIAL NEEDS ?</u>
_____ M/F	_____	_____
_____ M/F	_____	_____
_____ M/F	_____	_____

PARENT VOLUNTEERS ARE NEEDED! PLEASE CHECK AREAS BELOW WHERE YOU CAN HELP

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Group (Crew) Leader | <input type="checkbox"/> Snack |
| <input type="checkbox"/> Crew Assistant | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Imagination Station (Science fun-gizmo Station) | <input type="checkbox"/> Nurse |
| <input type="checkbox"/> Music | |

**TEEN VOLUNTEERS NEEDED —ENTERING 7th GRADE & OLDER ONLY
 CHECK AREAS ON LIST ABOVE WHERE YOU CAN HELP**

Teen Name: _____ Age: ____ Phone: _____ Email: _____

SORRY, NO WALK-INS WILL BE ACCEPTED!

Please return the following items to the Family Faith Office :

1. Registration Form (one per family)
2. Registration Fee (\$90.00 per child—checks payable to Church of Presentation)
3. Emergency Form (one for each child— see back of form)

SEE REVERSE SIDE →

I GIVE _____ /DO NOT GIVE _____ MY PERMISSION TO THE TAKING OF PHOTOGRAPHS, VIDEO AND IMAGES OF MEMBERS OF MY FAMILY BY CHURCH OF THE PRESENTATION FOR USE IN PROMOTIONAL MATERIALS, SHARING WITH THE PARISH COMMUNITY AND USE ON THE FAMILY FAITH AND PARISH WEBSITES. SIGNED: _____ DATE _____

**CHURCH OF THE PRESENTATION
- Bible Camp Emergency Information Sheet -**

Please complete one EMERGENCY INFO SHEET for EACH child. *Extra copies are available from the Faith Formation Office or online from our website: www.churchofpresentation.org*

This Emergency Information Sheet (one per child), the Bible Camp Registration form (one per family), and fee (\$90 per child) are ALL required for Bible Camp Registration.

Bible Camper's Name _____

Address:

Home Phone:

Grade this coming Sept:

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 an 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, 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: THIS MUST BE SIGNED BY A PARENT

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 signed